Nova Scotia

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ANNUAL REPORT

for the fiscal year
ending March 31, 1991

Health Services and Insurance Commission

93-02766/

To His Honour,
The Honourable Lloyd R. Crouse, P.C.
Lieutenant-Governor of Nova Scotia

Sir:

I have the honour to present the eighteenth annual report of the Nova Scotia Health Services and Insurance Commission for the fiscal year ending March 31, 1991.

I have the honour to be, Sir

Your most obedient servant,

George C. Moody
Minister of Health and Fitness

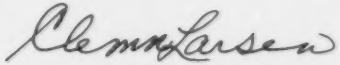
To The Honourable George C. Moody
Minister of Health and Fitness
Province of Nova Scotia

Sir:

I have the honour to present the eighteenth annual report of the Nova Scotia Health Services and Insurance Commission for the fiscal year ending March 31, 1991.

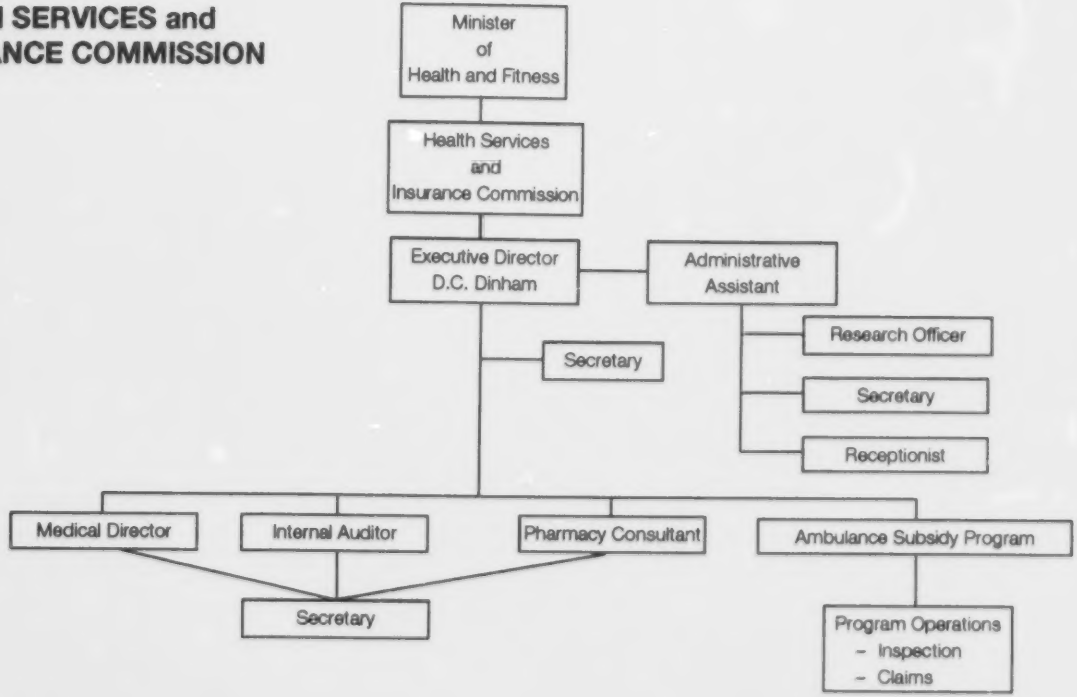
I have the honour to be, Sir,

Your obedient servant,

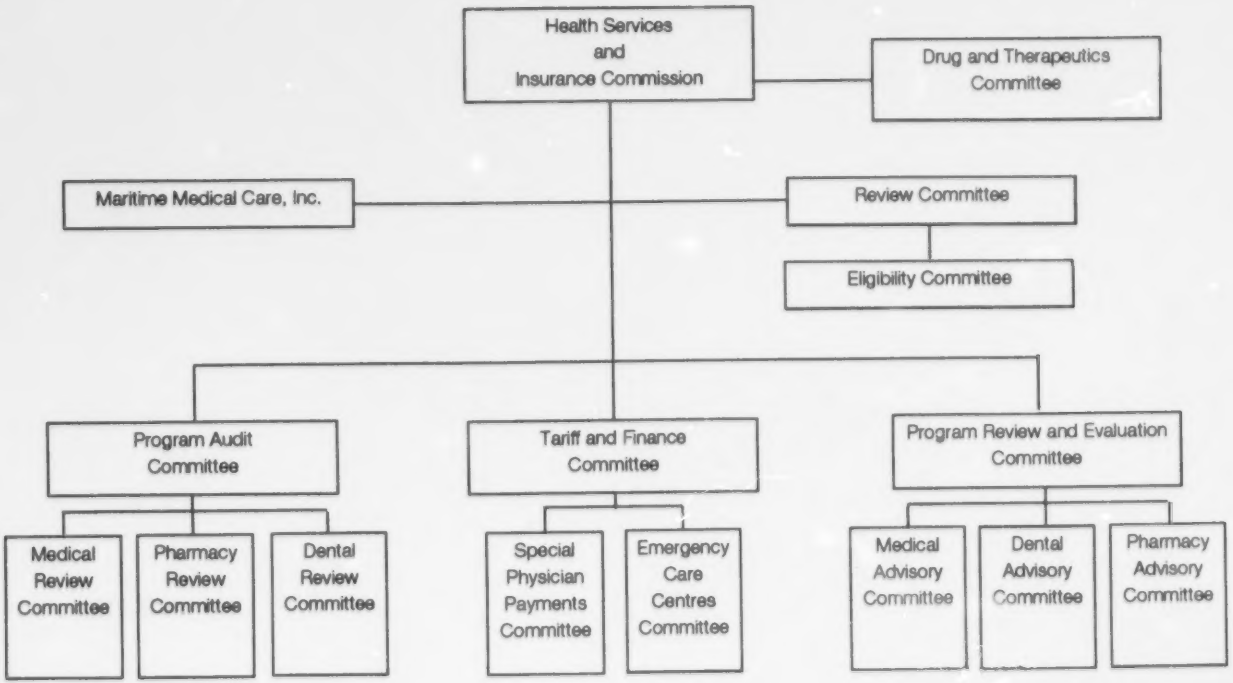


Clemm E. Larsen, C.D.
Chairman

HEALTH SERVICES and INSURANCE COMMISSION



HEALTH SERVICES AND INSURANCE COMMISSION—COMMITTEES



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INTRODUCTION

LEGISLATION

The Health Services and Insurance Commission was established by Chapter 8 of the Statutes of Nova Scotia, 1973, the Health Services and Insurance Act. This annual report is made pursuant to Section 21(1) of that Act.

This Act repealed the Medical Care Insurance Act and the Hospital Insurance Act. The Health Services and Insurance Act was amended by Chapter 2 of the Statutes of 1977, at which time responsibility for the hospital programs was deleted from the Commission's responsibility. The Commission continues to provide insurance coverage to Nova Scotia residents for a wide range of services provided by physicians, dentists, optometrists, and pharmacists.

Effective July 1, 1984, the Health Services and Insurance Act was amended by Chapter 50 of the Acts of 1984. The effect of the amendment was to preclude billing above tariff by physicians, dentists, and optometrists. The amendment also established a system of final offer arbitration for resolution of issues relating to compensation.

THE COMMISSION

The Commission consists of not fewer than nine or more than twelve members, appointed by the Lieutenant-Governor, who are responsible to the Minister of Health and Fitness. At year end there were twelve members including two physicians nominated by The Medical Society of Nova Scotia and one member nominated by the Nova Scotia Association of Health Organizations.

Each Commissioner holds office for such term as is prescribed by his or her appointment and is eligible for reappointment but shall not hold office for a term exceeding six consecutive years. During 1990–91, Professor R. Graham Murray, Dr. George S. Zwicker, C. Herbert Inness,

Mary MacDonald, and Major-General George Spencer were all reappointed for a further one-year term. Commissioners as at March 31, 1991, were:

Chairman, Clemm E. Larsen
Parrsboro

Vice-Chairman, Professor R. G. Murray
Dartmouth

Dr. N. K. MacLennan
Sydney

Malcolm MacQuarrie
Truro

Dr. Bruce Pretty
Halifax

Garth D. Pulsifer
Windsor

Dr. George S. Zwicker
Halifax

Peter S. Mosher
Kentville

Dr. J. S. Manchester
Musquodoboit Harbour

C. Herbert Inness
Port Medway

Mary MacDonald
New Waterford

Major-General George Spencer
Chester Basin

Executive Director: Derek C. Dinham

Address: P.O. Box 760, Halifax, Nova Scotia B3J 2V2

Telephone: 424-7733

COMMISSION PROGRAMS

Programs provided to residents which are the responsibility of the Commission are:

Medical Services
- Physician fee-for-service.
- Salaried physicians.
- Dental-surgical services performed in hospital.

Vision analyses by optometrists.

Prescription drug programs for residents 65 years of age and over.

Dental services for children to age 14.

Special Dental Programs
- Services for residents of the School for the Blind.
- Services for patients with cleft lip/cleft palate.
- Services for the severely mentally retarded when required to be done in hospital.

Special Drug Programs
- Drugs for Cystic Fibrosis patients.
- Drugs for diabetes insipidus related to the pituitary gland.
- Program of drugs for cancer patients.
- Drug program for patients with a certified growth hormone deficiency.

Provision of normal arm and leg prostheses, ocular prostheses and maxillofacial surgery prostheses.

A program to subsidize the cost of ambulance transportation.

PROGRAM CHANGES

The growth in Commission programs has, over the past decade, exceeded the Consumer Price Index increases for the same period. In the case of the Seniors Pharmacare Program, according to the Royal Commission, these cost increases have ranged from 18 per cent to 20 per cent annually, while the average increase in the CPI was 8 per cent. As a result of this growth pattern, a number of program changes were introduced to stem the escalation in costs.

The Seniors Pharmacare Program saw the introduction of $3.00 co-pay with a $150 annual limit, and a program of generic substitution through a Maximum Allowable Cost. Eligibility under the Children's Dental Program was reduced from children up to 16 years of age, to children up to 14 years of age. Additionally, all orthodontic benefits were eliminated. The definition for insurability of in-hospital third molar removal was changed to cover only those teeth involved in a pathologic process causing local disease, or where a pre-existing medical condition necessitated in-hospital removal for the patient's safety. User fees under the Ambulance Subsidy Program were increased by $20.

FUNDING

The funds to carry out the purposes and functions of the Commission are provided by appropriations from the Legislature. The Commission carries out its responsibilities through regular monthly meetings and through an extensive committee structure. During 1990–91, 12 meetings of the Commission were held and committees met as required.

ELIGIBILITY FOR BENEFITS

Registration of beneficiaries is carried out by Maritime Medical Care Incorporated. Eligibility for benefits for residents does not depend upon prior registration. No premiums are required. Eligibility is based on the family concept, and all unmarried dependents under the age of 18 are registered on the family's registration certificate. Persons 18 years of age are issued a separate registration card at the start of the month following the month in which they reach their eighteenth birthday.

New residents of Nova Scotia are required to register with Maritime Medical Care Incorporated.

Residents of other provinces moving to Nova Scotia are provided with coverage on the first day of the third month following the month they move to Nova Scotia. Immediate coverage is available for certain special residents on arrival in Nova Scotia. Such special residents would include landed immigrants, discharged members of the Canadian Armed Forces, and Canadians returning from abroad.

METHOD OF PAYMENT

The majority of payments are made directly to the provider by the Commission on behalf of the individual, although provision has been made for direct payment to the patient if the provider does not have opted-in status with the Commission. This, generally, is the case for services rendered outside of Canada. Provision has been made by the Commission to permit the patient to assign the account to the provider concerned.

Payments made directly by the Commission to the provider will be in accordance with the tariffs established by the Commission. The level of payment for coverage provided on an out-of-Canada basis for physicians' services for 1989–90 is based on the comparative fee in Nova Scotia.

No payments are made with respect to services provided at the request of a third party or for services deemed medically unnecessary.

THIRD PARTY RECOVERIES

The Commission attempts to recover amounts paid for medical services rendered as a result of the wrongful act of third parties. This function is carried out on behalf of the Commission by the Department of Health and Fitness.

During the fiscal year 1990–91, $304,512 in respect of medical services payments was recovered from third parties.

RESPONSIBILITIES OF THE COMMISSION

The Commission has the function and the power to:

13 (1)

(a) negotiate in good faith compensation for insured medical services between the Commission on behalf of the Province and

(i) the Society on behalf of duly qualified medical practitioners in the Province who provide insured medical services, or

(ii) a professional organization representing persons in the Province who render insured medical services and who are not duly qualified medical practitioners;

(b) participate in any process of final offer arbitration as provided for in this Section;

(c) establish the tariff or tariffs of fees or other system of payment for insured medical services determined in accordance with this Section and, with the approval of the Governor in Council, to authorize payments in respect thereof;

(d) interpret tariffs and determine their application to the assessment of claims;

(e) conduct surveys and research in relation to services that are insured under this Act;

(f) perform such other functions as may be assigned to it from time to time by the Governor in Council or the Minister;

(g) do all other acts and things that the Commission considers necessary or advisable for the purpose of carrying out effectively the intent and purposes of this Act.

TARIFF DEVELOPMENT

Under the Act, the Commission has the power and the responsibility to establish a tariff or tariffs of fees or other system of payment for insured services. In carrying out this function, it meets with the various societies and/or associations before establishing such tariffs or other methods of payment and requests approval of the Governor in Council to make payments in respect of negotiated tariffs.

Tariff increases effective during 1990–91 were:

(1) medical tariff: 3.25 per cent effective April 1, 1990;

The tariff agreement with the Medical Society of Nova Scotia also provided for the following:

i) a $350,000 contribution to Canadian Malpractice Association Dues;
ii) a $350,000 contribution to Continuing Medical Education;
iii) a reduction in the value of specific fee codes to equal $1,500,000.

(2) dental tariff: 4.5 per cent effective April 1, 1990;

(3) optometric tariff: 5.5 per cent effective April 1, 1990;

(4) the professional component of the pharmacy tariff was increased from $7.85 to $8.30 for prescriptions with ingredient costs of less than $100, and $12.45 for prescriptions with ingredient costs in excess of $100 effective, July 1, 1990.

Responsibility for the Ambulance Subsidy Program was transferred from the Community Health Division of the Department of Health and Fitness to the Commission effective April 1, 1989. The agreement between the Department and the Ambulance Operators' Association of Nova Scotia expired at the end of March 1989. While negotiations did take place between the Association and the Commission, no new agreement was reached in 1989–90. An agreement was reached in 1990–91 that restructured the payment formula. Comparisons with previous years are not possible.

ADMINISTRATION

The Executive Director, Mr. Derek C. Dinham, is responsible to the Commission for the overall direction of the plan. Maritime Medical Care Incorporated is responsible for the day-to-day administration and for the assessment of claims in respect of insured services in accordance with the tariffs established by the commission. It is also responsible for paying claims in accordance with the act and regulations.

Maritime Medical Care Incorporated continued to provide the day-to-day administration and incurred expenses of $7,673,214 in providing that service. The total number of claims processed in 1990–91 by Maritime Medical Care Inc. was 9,244,000, an increase of 2.3 per cent over 1989–90. Total payments increased 2.8 per cent from

$310,828,441 to $319,454,177. Statistical data relating to all programs are included in the statistical section of this report.

In December 1989 the Report of the Nova Scotia Royal Commission on Health Care was released. The report contained 103 recommendations. A number of these recommendations, if implemented, would affect the Commission and the way it operates.

The Department of Health and Fitness' position was further clarified in regards to that report in its report "Health Strategy for the Nineties: Managing Better Health," released in November, 1990. Specific recommendations in the department report, some of which will require legislative action, will affect the operations of the Commission.

HIGHLIGHTS

1. C. Herbert Inness, Mary MacDonald, Professor R. Graham Murray, and Major-General George Spencer were reappointed for a further one-year term.

2. The Department of Health and Fitness released its report "Health Strategy for the Nineties: Managing Better Health," which, if implemented, will have a major impact on how the Commission will function in the future.

3. The Pharmacare Program was modified by introducing a $3 co-pay per prescription with a $150 annual limit, and establishing generic substitution through a Maximum Allowable Cost for drugs.

4. The eligibility of the Children's Dental Program was reduced from age 16 to age 14. All orthodontic benefits were eliminated from the program.

5. The definition for insurability of in-hospital third molar removal was changed to cover only those teeth involved in a pathologic process causing local disease, or where a pre-existing medical condition necessitated in-hospital removal for the patient's safety.

6. Ambulance user fees were increased by $20.

TWO YEAR BUDGET COMPARISON

1989–90, 1990–91

Budget Subject	1989/90	1990/91	Percentage of Change
Administration — Commission	$ 692,741	$ 722,207	4.3
Administration — Ambulance Subsidy	275,677	297,844	8.0
Contracted Services	7,626,190	7,673,214	0.6
Systems Planning & Development	87,614	80,527	<8.1>
Medical	218,183,559	234,750,535	7.6
Optometric	4,460,048	5,089,557	14.1
Children's Dental	13,340,082	11,804,448	<11.5>
Pharmacare	2,333,726	68,651,836	<5.1>
Special Dental Plans	190,886	220,683	15.6
Prosthetic Services	682,918	892,234	30.6
Special Drug Programs	1,195,127	1,276,257	6.8
Ambulance Subsidy Program	11,416,998	12,352,195	8.2
TOTAL	**$330,485,566**	**$343,811,537**	**4.0**

STATISTICAL SECTION

It will be noted that statistical data may differ from the annual financial data. Year end financial data contains estimates of expenditures outstanding and accruals at year end to meet acceptable accounting practice. The financial data must agree with the figures published in the Public Accounts. Statistical data may reflect figures compiled after year end, and thus reflect more accurate information. Statistical data may also include different data elements than the financial information. Where possible, statistical data are presented on a consistent basis.

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NOVA SCOTIA MEDICAL SERVICES INSURANCE

1990–1991

SECTION ONE

GENERAL STATISTICS

Table 1
MSI Summary of Payments
12 Months Ended March 31, 1991

	1989–90	1990–91	Percentage Change
Physicians' Services			
Fee-for-Service Payments	$206,026,487	$217,565,397	5.6
Salaried & Sessional	7,616,775	10,833,782	42.2
Reciprocal Billing	2,548,462	2,740,323	7.5
Dept. of Health Recoveries	(511,882)	(351,211)	- 31.4
Total Physicians' Services	$215,679,842	$230,788,291	7.0
Dental Services[1]			
Dental Surgical Services	$ 2,658,119	$ 2,580,311	- 2.9
Children's Dental Plan	13,265,874	12,061,540	- 9.1
Special Dental Programs	190,326	208,537	9.6
Total Dental Payments	$ 16,114,319	$ 14,850,388	- 7.8
Optometric Services	$ 4,690,133	$ 5,061,557	7.9
Prescription Drugs			
MSI Pharmacare[2]	$ 72,400,101	$ 66,585,450	- 8.0
Cystic Fibrosis & Diabetes Insipidus	798,713	861,850	7.9
Cancer Society	173,763	194,956	12.2
Growth Hormones	222,652	219,451	- 1.4
Total Prescription Drugs	$ 73,595,229	$ 67,861,707	- 7.8
Prosthetic Services	$ 748,918	$ 892,234	19.1
TOTAL MSI PAYMENTS	$310,828,441	$319,454,177	2.8

1. A retroactive payment in May, 1990 has been included in 1989–90 totals.
2. Claims for DVA recipients from June to March, 1991 were not paid at year end. These are estimated to be valued at $2.65 million.

Table 2
Five-year Comparison of Selected MSI Statistics and Annual Percentage Increases

	1986–87	1987–88	1988–89	1989–90	1990–91
Insured Population	862,000 0.3%	868,000 0.7%	870,000 0.2%	875,000 0.6%	883,000 0.9%
Physicians Paid	1,715 3.8%	1,731 0.9%	1,806 4.3%	1,858 2.9%	1,900 2.3%
Dentists Paid	351 3.2%	367 4.6%	386 5.2%	385 -0.3%	397 3.7%
Optometrists Paid	58	53	56	59	65
Pharmacies Paid	247 7.4%	246 -0.4%	244 -0.8%	250 2.5%	246 -1.6%
TOTAL MSI PAYMENTS	$243,625,530 8.6%	$263,993,030 8.4%	$296,742,659 12.4%	$310,828,441 4.7%	$319,454,177 2.8%
Payments per Insured Person	283.02 8.2%	$304.14 7.5%	$341.08 12.1%	$355.23 4.1%	$361.78 1.8%
Claims Processed	7,714,000 6.0%	8,043,000 4.3%	8,782,000 9.2%	9,039,000 2.9%	9,244,000 2.3%

DISTRIBUTION OF PAYMENTS FOR MAJOR PLANS

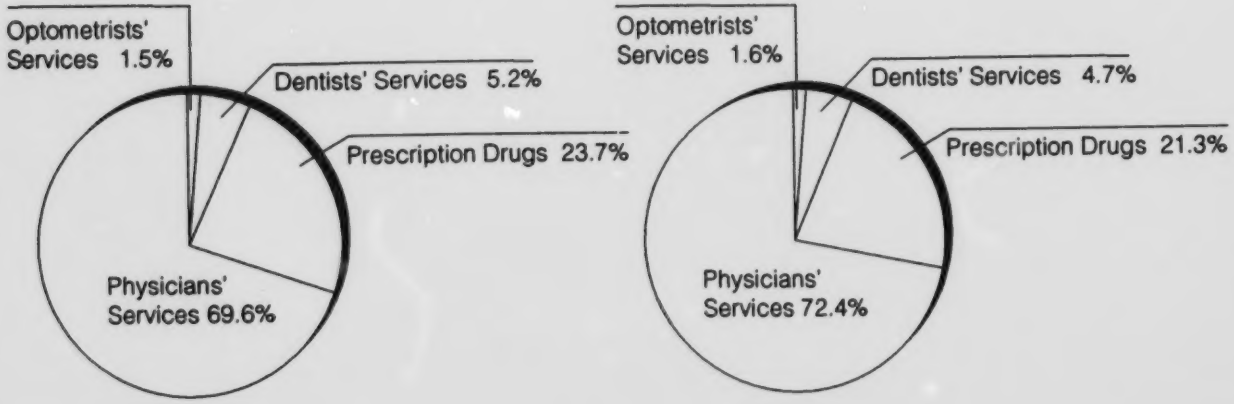


Figure 1

NOVA SCOTIA MEDICAL SERVICES INSURANCE

1990–1991

SECTION TWO

PHYSICIANS' SERVICES

Table 1.0
Physicians' Services
Payment and Utilization Summary
Fiscal 1990–91 Compared with Fiscal 1989–90

	1989–90	1990–91	Percentage Change
Payment Summary			
Fee-for-service payments for physicians' services rendered in Nova Scotia	$204,542,462	$216,038,929	5.6
Physicians' services rendered outside Nova Scotia	1,484,025	1,526,468	2.9
Reciprocal billing	2,548,462	2,740,323	7.5
Dept. of Health recoveries[1]	(511,882)	(351,211)	- 31.4
Total fee-for-service payments	$208,063,067	$219,954,509	5.7
Salaried physicians	7,616,775	10,833,782	42.2
Total payments for physicians' services	$215,679,842	$230,788,291	7.0
Utilization Summary			
Persons insured[2]	874,600	883,100	1.0
Persons receiving insured services (beneficiaries)	801,402	808,048	0.8
Per cent of persons insured	91.6	91.5	
Services Rendered	7,224,792	7,336,807	1.6
Services per insured[3]	8.26	8.31	0.6
Expenditure per Insured[4]	$246.60	$261.34	6.0
Services per beneficiary[3]	9.03	9.08	0.6
Expenditure per beneficiary[4]	$269.50	$285.61	6.0

1. Includes reimbursements for Out-of-Province Hospital Out-Patient and Diagnostic Services and for a portion of billings by V.G. Emergency Department Physicians.
2. Estimates of insured population as of October 2 are 874,600 for 1989–90 and 883,100 for 1990–91. These figures exclude 13,100 individuals in the Armed Forces or R.C.M.P. in 1989–90 and 12,600 individuals in 1990–91.
3. Excludes services performed by physicians under salary arrangement.
4. Includes payments for salaried physicians' services.

Table 1.1
Physicians' Services
Number of Physicians Paid

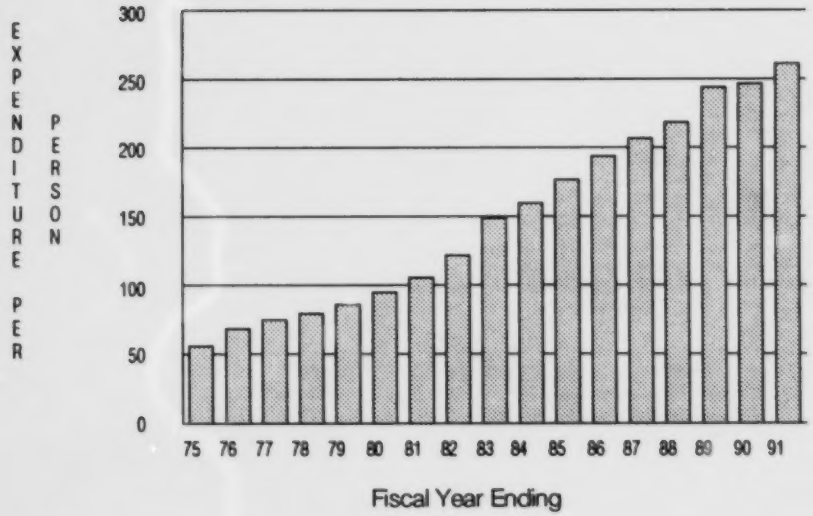
Payment Category	Number Of Physicians 12 Months Ended March 31, 1990	12 Months Ended March 31, 1991
Physicians who received fee-for-services payments only	1,719	1,756
Physicians who received fee-for-service and salary payments	87	97
Total physicians —fee-for-service	1,806	1,853
Physicians who received salary payments only	52	47
TOTAL PHYSICIANS WHO RECEIVED MSI PAYMENTS	1,858	1,900

Table 1.2
Physicians' Services
Total MSI Payments for Physicians' Services[1] and Expenditure per Insured Person—1973–74 to 1990–91

	Total Paid	Expenditure per Insured Person	Percentage Change from Previous Year
1973–74	$ 38,571,411	$ 48.58	—
1974–75	44,851,793	55.93	15.0
1975–76	55,348,064	68.25	22.0
1976–77	61,107,308	74.79	9.6
1977–78	65,051,135	79.33	6.1
1978–79	70,928,849	86.08	8.5
1979–80	78,306,480	94.69	10.0
1980–81	87,788,152	105.64	11.6
1981–82	101,446,850	121.64	15.1
1982–83	124,952,265	148.93	22.4
1983–84	135,063,879	159.65	7.2
1984–85	151,223,661	176.87	10.8
1985–86	166,509,795	193.84	9.6
1986–87	178,179,570	206.70	6.6
1987–88	189,424,623	218.23	5.6
1988–89	212,320,253	244.19	11.9
1989–90	215,679,842	246.60	1.0
1990–91	230,788,291	261.34	6.0

1. Includes payments to hospitals and institutions with respect to insured services performed by salaried physicians as well as fee-for-service payments.

Physicians' Services
Expenditure per Insured Person



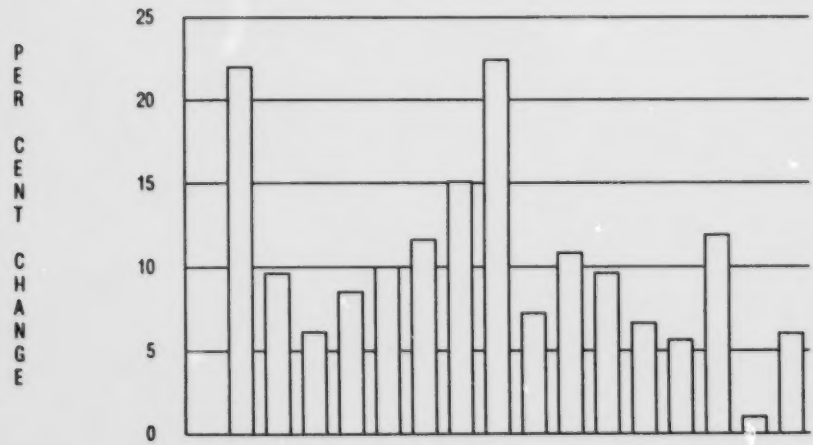


Figure 2

Table 2.0
Physicians' Services
Fee-for-Service Payments by County

County	12 Months Ended March 31, 1990 Physicians	Amount Paid	% of Total	12 Months Ended March 31, 1991 Physicians	Amount Paid	% of Total
Annapolis	22	$ 2,948,333	1.4	23	$ 3,132,656	1.5
Antigonish	45	4,845,642	2.4	45	5,528,881	2.6
Cape Breton	169	27,088,056	13.2	176	27,837,710	12.9
Colchester	63	8,114,257	4.0	67	8,567,919	4.0
Cumberland	47	5,377,571	2.6	51	5,866,996	2.7
Digby	21	2,621,526	1.3	20	2,307,340	1.1
Guysborough	13	1,008,049	0.5	11	1,013,207	0.5
Halifax	1,017	102,534,551	50.1	1,055	110,070,134	50.9
Hants	46	4,641,587	2.3	47	4,823,228	2.2
Inverness	20	2,857,836	1.4	19	2,693,425	1.2
Kings	99	12,390,195	6.1	102	13,338,337	6.2
Lunenburg	79	8,677,292	4.2	78	8,872,600	4.1
Pictou	67	9,380,316	4.6	66	9,342,164	4.3
Queens	12	1,691,835	0.8	13	1,706,028	0.8
Richmond	7	1,132,938	0.6	8	1,324,088	0.6
Shelburne	17	1,985,646	1.0	14	2,036,581	0.9
Victoria	11	1,114,049	0.5	9	1,166,229	0.5
Yarmouth	52	6,132,783	3.0	49	6,411,406	3.0
NOVA SCOTIA	1,807	$204,542,462	100.0	1,853	$216,038,929	100.0
Out-of-Province	–	1,484,025		–	1,526,468	
TOTAL PAYMENTS	1,807	$206,026,487		1,853	$217,565,397	

Table 3.0
Physicians' Services
Fee-for-Service Payments by Specialty in Urban[1] and Rural Areas

Specialty	12 Months Ended March 31, 1990 Physicians	12 Months Ended March 31, 1990 Amount Paid	12 Months Ended March 31, 1991 Physicians	12 Months Ended March 31, 1991 Amount Paid
General Practice				
Urban	551	$ 49,589,019	569	$ 52,334,969
Rural	465	54,508,626	458	55,982,091
TOTAL	1,016	104,097,645	1,027	108,317,060
Medical Specialities				
Anesthesia				
Urban	63	8,293,890	65	8,793,230
Rural	15	1,848,450	15	2,094,829
TOTAL	78	10,142,340	80	10,888,059
Dermatology				
TOTAL (Urban)	14	2,619,025	14	3,057,992
Internal Medicine				
Urban	115	12,152,883	125	13,594,405
Rural	36	4,366,208	35	4,723,789
TOTAL	151	16,519,091	160	18,318,194
Neurology				
TOTAL (Urban)	16	1,622,418	16	1,860,991
Pediatrics				
Urban	62	5,673,781	63	6,191,919
Rural	11	1,040,650	10	1,165,608
TOTAL	73	6,714,431	73	7,357,527
Physical Medicine				
TOTAL (Urban)	11	1,141,673	12	1,511,531

1. Urban areas are defined as areas with population over 35,000. Those areas include: Sydney Urban area within a perimeter bounded by North Sydney, Sydney City, and Glace Bay. The Halifax-Dartmouth area within a perimeter bounded by Halifax, Middle Sackville, and Dartmouth.

Table 3.0 (Continued)

Specialty	12 Months Ended March 31, 1990 Physicians	12 Months Ended March 31, 1990 Amount Paid	12 Months Ended March 31, 1991 Physicians	12 Months Ended March 31, 1991 Amount Paid
Psychiatry				
Urban	67	$ 6,171,600	73	$6,632,529
Rural	20	1,621,031	25	1,510,949
TOTAL	87	7,792,631	98	8,143,478
All Medical Specialties				
Urban	348	$ 37,682,269	368	$ 41,642,597
Rural	82	8,876,339	85	9,495,175
TOTAL	430	46,551,608	453	51,137,772
Surgical Specialties				
General Surgery				
Urban	50	8,081,473	51	7,922,864
Rural	37	5,985,092	38	6,338,138
TOTAL	87	14,066,565	89	14,261,002
Neurosurgery				
TOTAL (Urban)	7	1,216,927	7	1,239,677
Obstetrics & Gynecology				
Urban	31	5,935,938	30	6,126,385
Rural	13	2,165,484	14	2,563,298
TOTAL	44	8,101,422	44	8,689,683
Ophthamology				
Urban	26	7,017,819	26	7,187,359
Rural	15	3,044,373	15	3,447,213
TOTAL	41	10,062,192	41	10,634,572
Otolaryngology				
Urban	19	4,189,980	20	4,492,909
Rural	5	1,098,471	6	1,026,786
TOTAL	24	5,288,451	26	5,519,695
Orthopedic Surgery				
Urban	18	4,003,992	18	4,469,736
Rural	3	828,519	4	824,452
TOTAL	21	4,832,511	22	5,294,188
Plastic Surgery[2]				
TOTAL	9	1,894,662	8	1,938,626
Thoracic Surgery[2]				
TOTAL	5	1,133,077	6	1,043,696

2. The urban and rural distribution has not been shown in order to preserve confidentiality.

Table 3.0 (Continued)

Specialty	12 Months Ended March 31, 1990 Physicians	12 Months Ended March 31, 1990 Amount Paid	12 Months Ended March 31, 1991 Physicians	12 Months Ended March 31, 1991 Amount Paid
Urology				
Urban	17	$ 3,043,652	18	$ 3,248,431
Rural	3	575,534	4	781,959
TOTAL	20	3,619,186	22	4,030,390
Vascular Surgery				
Urban	4	1,396,668	4	1,532,236
Rural	3	916,244	3	886,368
TOTAL	7	2,312,912	7	2,418,604
All Surgical Specialties				
Urban	184	$ 37,513,278	188	$ 39,201,919
Rural	81	15,014,627	84	15,868,214
TOTAL	265	52,527,905	272	55,070,133
Other Specialties				
Pathology				
Urban	17	76,818	18	116,816
Rural	3	10,582	4	11,331
TOTAL	20	87,400	22	128,147
Radiology				
Urban	53	1,094,838	55	1,190,473
Rural	23	183,065	24	195,344
TOTAL	76	1,277,903	79	1,385,817
All Physicians				
Urban	1,153	$125,949,223	1,198	$134,486,774
Rural	654	78,593,239	655	81,552,155
TOTAL	1,807	$204,542,462	1,853	$216,038,929
Out-of-Province	–	1,484,025	–	1,526,468
TOTAL FEE-FOR-SERVICE PAYMENTS	1,807	$206,026,487	1,853	$217,565,397

Table 3.1
Physicians' Services
Distribution of Physicians by Specialty and County[1]

	General Practice		Internal Medicine		Neurology		Pediatrics		Dermatology	
	1989–90	1990–91	1989–90	1990–91	1989–90	1990–91	1989–90	1990–91	1989–90	1990–91
Annapolis	18	19	1	1	–	–	–	–	–	–
Antigonish	22	22	6	5	–	–	1	1	–	–
Cape Breton	104	100	10	12	1	1	3	4	–	1
Colchester	47	50	1	1	–	–	1	1	–	–
Cumberland	37	39	2	2	–	–	–	–	–	–
Digby	18	17	–	–	–	–	–	–	–	–
Guysborough	13	11	–	–	–	–	–	–	–	–
Halifax	473	497	105	113	15	15	60	60	14	13
Hants	37	36	2	2	–	–	1	1	–	–
Inverness	17	17	–	–	–	–	–	–	–	–
Kings	60	58	8	9	–	–	1	1	–	–
Lunenburg	52	51	5	5	–	–	3	3	–	–
Pictou	45	45	6	5	–	–	1	1	–	–
Queens	8	9	2	2	–	–	–	–	–	–
Richmond	7	8	–	–	–	–	–	–	–	–
Shelburne	16	13	–	–	–	–	–	–	–	–
Victoria	8	7	1	1	–	–	–	–	–	–
Yarmouth	33	26	2	2	–	–	2	1	–	–
TOTAL	1,015	1,027	151	160	16	16	73	73	14	14

	General Surgery		Thoracic Surgery		Neurosurgery		Plastic Surgery		Orthopedic Surg.		Vascular Surgery	
	1989–90	1990–91	1989–90	1990–91	1989–90	1990–91	1989–90	1990–91	1989–90	1990–91	1989–90	1990–91
Annapolis	1	1	–	–	–	–	–	–	–	–	–	–
Antigonish	4	4	–	–	–	–	–	–	–	–	–	–
Cape Breton	13	14	–	–	1	1	–	–	2	2	2	2
Colchester	3	4	–	–	–	–	–	–	–	–	–	–
Cumberland	3	3	–	–	–	–	–	–	–	–	–	–
Digby	3	3	–	–	–	–	–	–	–	–	–	–
Guysborough	–	–	–	–	–	–	–	–	–	–	–	–
Halifax	38	39	4	5	6	6	8	7	16	16	2	2
Hants	3	5	–	–	–	–	–	–	–	–	–	–
Inverness	2	1	1	–	–	–	–	–	–	–	–	–
Kings	2	2	–	1	–	–	–	–	2	2	3	3
Lunenburg	5	4	–	–	–	–	1	1	–	–	–	–
Pictou	3	3	–	–	–	–	–	–	1	2	–	–
Queens	1	1	–	–	–	–	–	–	–	–	–	–
Richmond	–	–	–	–	–	–	–	–	–	–	–	–
Shelburne	1	1	–	–	–	–	–	–	–	–	–	–
Victoria	1	–	–	–	–	–	–	–	–	–	–	–
Yarmouth	4	4	–	–	–	–	–	–	–	–	–	–
TOTAL	87	89	5	6	7	7	9	8	21	22	7	7

1. All physicians who received fee-for-service payments are included in this table.

Table 3.1—Continued

	Urology		Obstetrics & Gynecology		Anesthesia		Radiology		Ophthalmology	
	1989–90	1990–91	1989–90	1990–91	1989–90	1990–91	1989–90	1990–91	1989–90	1990–91
Annapolis	–	–	–	–	–	–	1	1	1	1
Antigonish	–	–	3	3	–	–	3	4	3	2
Cape Breton	2	2	4	4	7	9	8	8	2	2
Colchester	1	1	2	2	1	1	3	3	1	1
Cumberland	–	–	–	1	2	2	1	1	1	1
Digby	–	–	–	–	–	–	–	–	–	–
Guysborough	–	–	–	–	–	–	–	–	–	–
Halifax	15	16	27	26	58	58	45	47	24	24
Hants	–	–	–	–	–	–	2	2	–	–
Inverness	–	–	–	–	–	–	–	–	–	–
Kings	1	2	3	4	5	5	4	5	4	4
Lunenburg	–	–	2	2	2	2	3	3	2	3
Pictou	1	1	2	1	2	2	3	2	2	2
Queens	–	–	–	–	1	1	–	–	–	–
Richmond	–	–	–	–	–	–	–	–	–	–
Shelburne	–	–	–	–	–	–	–	–	–	–
Victoria	–	–	–	–	–	–	–	–	–	–
Yarmouth	–	–	1	1	–	–	3	3	1	1
TOTAL	20	22	44	44	78	80	76	79	41	41

	Otolaryngology		Psychiatry		Physical Medicine		Pathology		Total	
	1989–90	1990–91	1989–90	1990–91	1989–90	1990–91	1989–90	1990–91	1989–90	1990–91
Annapolis	–	–	–	–	–	–	–	–	22	23
Antigonish	2	3	1	1	–	–	–	–	45	5
Cape Breton	4	4	5	6	–	1	1	1	169	176
Colchester	–	–	3	3	–	–	–	–	63	67
Cumberland	–	–	1	2	–	–	–	–	47	51
Digby	–	–	–	–	–	–	–	–	21	20
Guysborough	–	–	–	–	–	–	–	–	13	11
Halifax	15	16	63	66	11	11	17	18	1,016	1,055
Hants	–	–	1	1	–	–	–	–	46	47
Inverness	–	–	–	–	–	–	–	–	20	19
Kings	1	1	4	5	–	–	1	1	99	102
Lunenburg	1	1	3	3	–	–	–	–	79	78
Pictou	–	–	1	1	–	–	–	1	67	66
Queens	–	–	–	–	–	–	–	–	12	13
Richmond	–	–	–	–	–	–	–	–	7	6
Shelburne	–	–	–	–	–	–	–	–	17	14
Victoria	–	–	1	1	–	–	–	–	11	9
Yarmouth	1	1	4	7	–	–	1	1	52	49
TOTAL	24	26	87	98	11	12	20	22	1,806	1,853

Table 3.2
Physicians' Services—MSI Fee-for-Service Payments
Number of Physicians by Specialty and Payment Range[1]
(1989–90 Compared With 1990–91)

	Under $25,000		$25,000–49,999		$50,000–99,999		$100,000–149,999		$150,000–199,000	
	1990[2]	1991[2]	1990	1991	1990	1991	1990	1991	1990	1991
Anesthesia	5	1	5	8	6	10	31	27	28	27
Vascular Surgery	–	1	–	–	–	–	–	–	1	–
Dermatology	2	1	1	2	3	–	2	3	–	1
General Practice	209	223	89	74	214	193	235	244	176	182
General Surgery	12	11	5	5	11	17	13	14	20	8
Internal Medicine	33	31	16	21	35	32	24	31	22	18
Neurology	1	1	3	2	8	7	1	2	2	1
Neurosurgery	–	–	–	–	1	1	–	1	3	3
Obstetrics & Gynecology	2	–	1	2	9	4	8	10	5	10
Ophthalmology	4	5	2	–	1	3	4	1	4	2
Otolaryngology	–	2	1	1	4	2	2	3	3	4
Orthopedic Surgery	1	–	1	–	–	1	2	2	2	3
Pediatrics	19	12	12	12	14	17	10	15	8	6
Physical Medicine	3	1	–	1	2	3	4	3	–	2
Plastic Surgery	1	–	–	–	–	–	–	–	2	1
Psychiatry	16	28	9	12	30	22	15	18	12	14
Radiology	59	60	9	12	7	6	1	1	–	–
Thoracic Surgery	–	1	–	–	–	–	1	1	–	–
Urology	1	2	1	2	1	–	2	2	8	5
Pathology	20	21	–	1	–	–	–	–	–	–
TOTAL	388	401	155	155	346	318	355	378	296	287

	$200,000–249,999		$250,000-299,999		Over $300,000		Total	
	1990[2]	1991[2]	1990	1991	1990	1991	1990	1991
Anesthesia	3	6	–	1	–	–	78	80
Vascular Surgery	–	–	2	–	4	6	7	7
Dermatology	–	1	3	3	3	3	14	14
General Practice	63	72	18	29	11	10	1,015	1,027
General Surgery	9	17	8	8	10	9	87	89
Internal Medicine	7	12	8	7	5	8	151	160
Neurology	–	1	–	1	1	1	16	16
Neurosurgery	3	2	–	–	–	–	7	7
Obstetrics & Gynecology	9	7	3	4	7	7	44	44
Ophthalmology	7	8	7	5	12	17	41	41
Otolaryngology	5	5	3	2	6	7	24	26
Orthopedic Surgery	6	6	5	5	4	5	21	22
Pediatrics	7	8	3	2	–	1	73	73
Physical Medicine	2	1	–	1	–	–	11	12
Plastic Surgery	3	6	2	–	1	1	9	8
Psychiatry	4	1	–	2	1	1	87	98
Radiology	–	–	–	–	–	–	76	79
Thoracic Surgery	2	3	2	1	–	–	5	6
Urology	3	6	3	4	1	1	20	22
Pathology	–	–	–	–	–	–	20	22
TOTAL	133	162	67	75	66	77	1,806	1,853

1. This table provides data on MSI fee-for-service payments only.
2. 1990 refers to the fiscal year 1989–90 and 1991 refers to the fiscal year 1990–91.

Number of Physicians Paid by Payment Range
(Fee-for-Service)
(1) All Physicians

Figure 3

Number of Physicians Paid by Payment Range
(Fee-for-Service)
2. General Practitioners

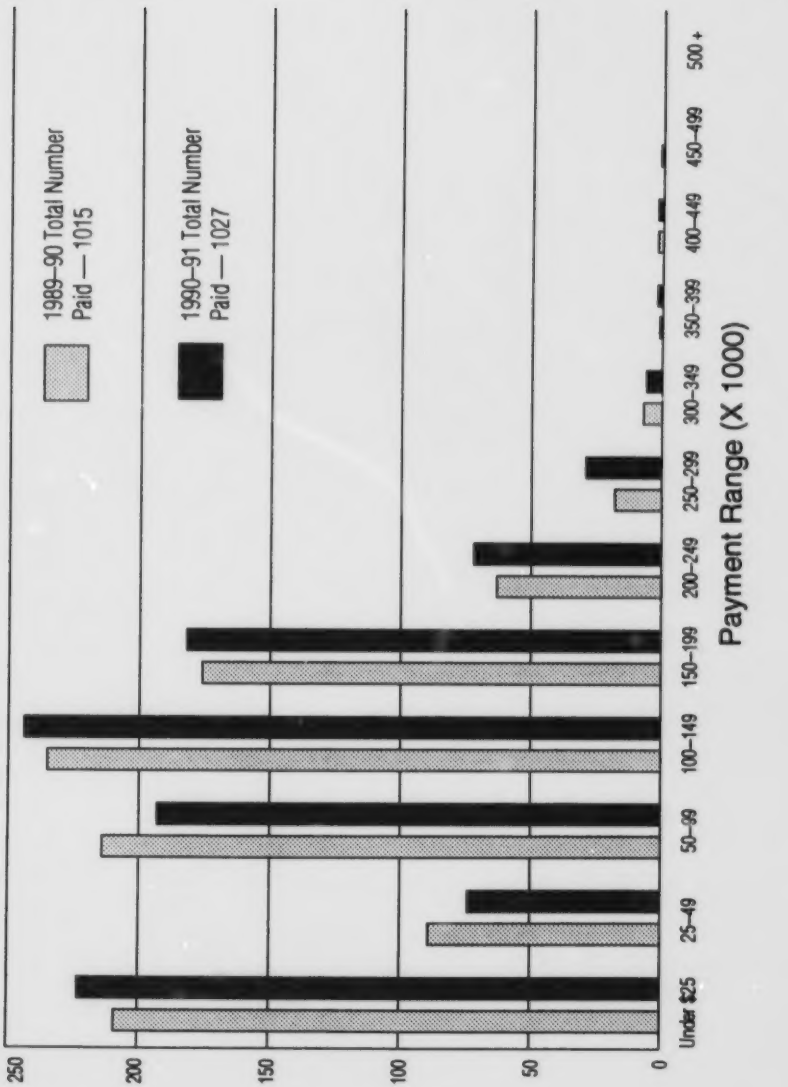


Figure 4

Number of Physicians Paid by Payment Range
(Fee-for-Service)
3. Specialists

Figure 5

Table 4.0
Physicians' Services
Fee-for-Service Payments
Number of Services by Type of Service

	12 Months Ended March 31, 1990		12 Months Ended March 31, 1991		
	Services	% of Total	Services	% of Total	% Change Services
Consultations	409,924	5.7	429,263	5.9	4.7
Office Visits	3,739,039	51.8	3,853,316	52.5	3.1
Home Visits	162,187	2.2	153,901	2.1	-5.1
Hospital Visits	865,428	12.0	830,641	11.3	-4.0
Emergency & Out-Patient Dept. Visits	601,284	8.3	595,328	8.1	-1.0
Intensive Care	49,816	0.7	52,062	0.7	4.5
Psychiatric Services	188,287	2.6	188,939	2.6	0.3
Sub-total	6,015,965	83.3	6,103,450	83.2	1.5
Eye Examinations	66,905	0.9	64,841	0.9	-3.1
Other Diag. & Ther.	530,726	7.4	543,113	7.4	2.3
Sub-total	597,631	8.3	607,954	8.3	1.7
Obstetrical Care	167,507	2.3	162,656	2.2	-2.9
Major Surgery	80,433	1.1	89,524	1.2	11.3
Minor Surgery	167,382	2.3	175,523	2.4	4.9
Surgical Assist	24,259	0.3	22,210	0.3	-8.4
Anesthesia	104,499	1.5	103,981	1.4	-0.5
Sub-total	376,573	5.2	391,238	5.3	3.9
All Other Services[1]	67,116	0.9	71,509	1.0	6.5
TOTAL	7,224,792	100.0	7,336,807	100.0	1.6

1. These include amounts paid for out-of-province services, independent consideration, detention fees, and group immunization.

Table 4.1
Physicians' Services
Fee-for-Service Payments
Amount Paid by Type of Service

	12 Months Ended March 31, 1990		12 Months Ended March 31, 1991		
	Amount Paid	% of Total	Amount Paid	% of Total	% Change Amount Paid
Consultations	$ 27,323,865	13.3	$ 30,142,185	13.9	10.3
Office Visits	68,054,597	33.0	73,004,182	33.5	7.3
Home Visits	5,860,133	2.8	5,797,698	2.7	−1.1
Hospital Visits	12,961,739	6.3	13,266,970	6.1	2.4
Emergency & Out-Patient Dept. Visits	11,577,654	5.6	12,032,674	5.5	3.9
Intensive Care	2,163,409	1.1	2,323,813	1.1	7.4
Psychiatric Services	11,424,152	5.5	12,199,863	5.6	6.8
Sub-total	$139,365,549	67.6	$148,767,385	68.4	6.7
Eye Examinations	2,299,187	1.1	2,325,057	1.1	1.1
Other Diag. & Ther.	14,620,718	7.1	14,796,064	6.8	1.2
Sub-total	$ 16,919,905	8.2	$ 17,121,121	7.9	1.2
Obstetrical Care	$6,541,061	3.2	$6,852,381	3.1	4.8
Major Surgery	20,876,503	10.1	21,435,645	9.9	2.7
Minor Surgery	5,990,027	2.9	6,433,858	3.0	7.4
Surgical Assist	2,016,317	1.0	1,953,471	0.9	−3.1
Anesthesia	11,290,525	5.5	11,637,063	5.3	3.1
Sub-total	$ 40,173,372	19.5	$ 41,460,037	19.1	3.2
All Other Services[1]	3,026,600	1.5	3,364,473	1.5	11.2
TOTAL	$206,026,487	100.0	$217,565,397	100.0	5.6

1. Includes amounts paid for out-of-province services, independent consideration, detention fees, and group immunization.

Table 4.2
Physicians' Services
Fee-for-Service Payments
Services And Amount Paid Per 1,000 Insured Persons[1]

	Number of Services per 1,000 Insured 12 Months Ended March 31		Amount Paid per 1,000 Insured 12 Months Ended March 31	
	1990	1991	1990	1991
Consultations	469	486	$ 31,242	$ 34,132
Office Visits	4,275	4,363	77,812	82,668
Home Visits	185	174	6,700	6,565
Hospital Visits	990	941	14,820	15,023
Emergency & Out-Patient Dept. Visits	687	674	13,238	13,626
Intensive Care	57	59	2,474	2,631
Psychiatric Services	215	214	13,062	13,815
Sub-total	6,878	6,911	$159,348	$168,460
Eye Examinations	76	74	2,629	2,633
Other Diag. & Ther.	607	615	16,717	16,755
Sub-total	683	689	$ 19,346	$ 19,388
Obstetrical Care	192	184	$7,479	$ 7,759
Major Surgery	92	101	23,870	24,273
Minor Surgery	191	199	6,849	7,286
Surgical Assist	28	25	2,305	2,212
Anesthesia	120	118	12,909	13,178
Sub-total	431	443	$ 45,933	$ 46,949
All Other Services[2]	77	81	3,461	3,810
TOTAL	8,261	8,308	$235,567	$246,366

1. Estimates of insured population as of October 1 are 874,600 for 1989–90 and 883,100 for 1990–91. These figures exclude 13,100 individuals in the Armed Forces or R.C.M.P. in 1989–90 and 12,600 individuals in 1990–91.

2. See note 1 on Tables 4.0 and 4.1.

Table 5.0
MSI Payments for Physicians' Services
Expenditure per Insured Person by County of Residence
Fiscal 1990–91

County	Persons[1] Insured	Expenditure per Insured Person		
		General Practitioners	Specialists	Total
Annapolis	21,900	$119.07	$ 98.92	$217.99
Antigonish	19,300	110.27	106.46	216.73
Cape Breton	124,000	125.30	116.87	242.18
Colchester	47,000	120.97	98.35	219.31
Cumberland	34,000	132.03	96.01	228.04
Digby	21,000	114.80	79.71	194.51
Guysborough	12,900	118.16	104.78	222.94
Halifax	315,400	118.28	145.64	263.92
Hants[2]	38,600	141.81	138.12	279.93
Inverness	21,900	126.36	96.69	223.05
Kings	50,500	138.37	131.20	269.57
Lunenburg	47,900	120.05	114.52	234.57
Pictou	49,700	127.89	111.52	239.40
Queens	11,000	137.73	129.41	267.14
Richmond	11,200	149.52	94.64	244.16
Shelburne	17,900	129.60	88.10	217.71
Victoria	8,700	118.17	81.08	199.26
Yarmouth	28,200	122.70	95.52	218.21
TOTAL	883,100	$123.73	$122.63	$246.37

1. The distribution of insured population by county is based on postcensal annual estimates. This distribution was then applied to an estimate of insured population on October 1, 1990. This estimate of 883,100 excluded 12,600 individuals employed in Armed Forces or R.C.M.P.

2. Expenditure by county is based on MSI county codes. In some instances persons who reside in one county have postal addresses in another county and in those instances MSI county codes would reflect the postal address. This problem is believed to have caused some distortion in expenditure per insured person in Hants County, where a few thousand residents of Halifax County have postal addresses.

Table 5.1
MSI Payments for Physicians' Services
Utilization Data and Expenditure Per Patient By County of Residence
Fiscal 1990–91

County	Persons[1] Insured	Beneficiaries[2]	Utilization Rate	Expenditure Per Patient
Annapolis	21,900	18,745	85.6	$254.68
Antigonish	19,300	17,612	91.3	237.50
Cape Breton	124,000	112,119	90.4	267.83
Colchester	47,000	42,021	89.4	245.30
Cumberland	35,000	30,982	88.5	257.61
Digby	22,000	18,424	83.7	232.26
Guysborough	12,900	10,730	83.2	268.02
Halifax	315,400	298,904	94.8	278.48
Hants[2]	38,600	39,833	100.0	271.26
Inverness	21,900	19,963	91.2	244.69
Kings	50,500	51,633	100.0	263.65
Lunenburg	47,900	41,118	85.8	273.26
Pictou	49,700	45,548	91.6	261.22
Queens	11,000	11,774	100.0	249.58
Richmond	11,200	10,457	93.4	261.51
Shelburne	17,900	15,428	86.2	252.59
Victoria	8,700	6,757	77.7	256.55
Yarmouth	28,200	25,546	90.6	240.88
TOTAL	883,100	808,048[3]	91.5	269.25

1. The distribution of insured population by county was based on postcensal annual estimates. This distribution was then applied to an estimate of insured population on October 1, 1990. This estimate of 883,100 excludes 12,600 individuals employed in Armed Forces or R.C.M.P.

2. Beneficiary counts are based on MSI county codes. In some instances persons who reside in one county have postal addresses in another county and in those instances MSI county codes would reflect the postal address. This problem is believed to have caused some distortion in utilization rates in Hants County, where a few thousand residents of Halifax County have postal addresses. Expenditure per patient should not be affected by this problem, however.

3. Figures do not add up to total due to the fact that some beneficiaries were resident in more than one county throughout the year.

Table 6.0
Physicians Services
Distribution of Insured Persons by Number of Services Received

Number of Services	Persons[1] 1989–90	Persons[1] 1990–91	Amount Paid[2] 1989–90	Amount Paid[2] 1990–91
Part A. Number of Insured Persons				
NIL	73,198	75,052	–	–
One	105,242	103,366	$ 2,284,558	$ 2,325,375
Two	93,671	92,673	4,086,019	4,207,192
Three	81,525	81,046	5,534,115	5,697,339
Four	69,708	70,215	6,519,094	6,841,574
Five	58,723	60,009	7,134,904	7,518,516
6 – 10	185,869	190,174	37,544,965	39,961,020
11 – 25	158,243	161,730	74,848,606	79,179,664
26 – 50	36,689	37,007	40,034,544	42,077,744
51 – 100	9,618	9,644	19,410,794	20,380,401
Over 100	2,114	2,184	8,612,102	9,355,380
TOTAL	874,600	883,100	$206,009,703	$217,544,205
Part B. Percentage Distribution				
NIL	8.4%	8.5%	–	%
One	12.0	11.7	1.1	1.1
Two	10.7	10.5	2.0	1.9
Three	9.3	9.2	2.7	2.6
Four	8.0	8.0	3.2	3.1
Five	6.7	6.8	3.5	3.5
6 – 10	21.3	21.5	18.2	18.4
11 – 25	18.1	18.3	36.3	36.4
26 – 50	4.2	4.2	19.4	19.3
51 – 100	1.1	1.1	9.4	9.4
Over 100	0.2	0.2	4.2	4.3
TOTAL	100.0%	100.0%	100.0%	100.0%

1. The table above includes all persons who received any insured service during the year that was reimbursed on a fee-for-service basis. Persons who change MSI registration numbers during the year are counted twice if they received services under each number.

   The number receiving NIL services is a residual calculation by subtracting the number of beneficiaries from an estimate of the insured population.

2. Certain adjustments and services not rendered to individuals (e.g. immunization clinics) are not counted for this table and, therefore, total paid varies somewhat from totals reported elsewhere.

Distribution of Insured Population by Number of Services Received Fiscal Year 1990–91

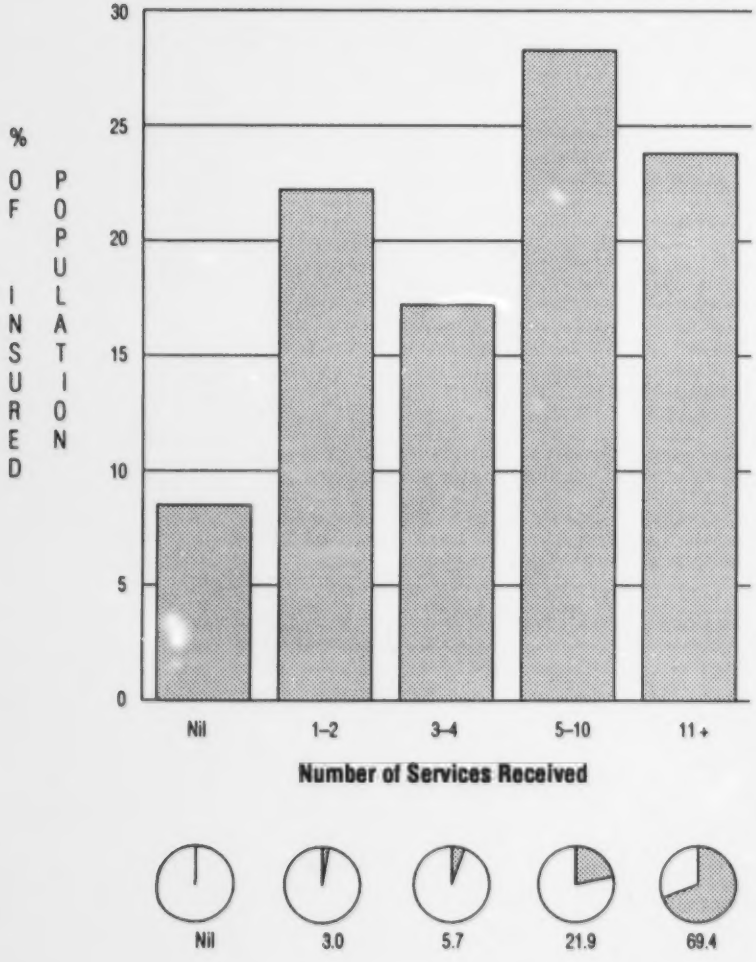


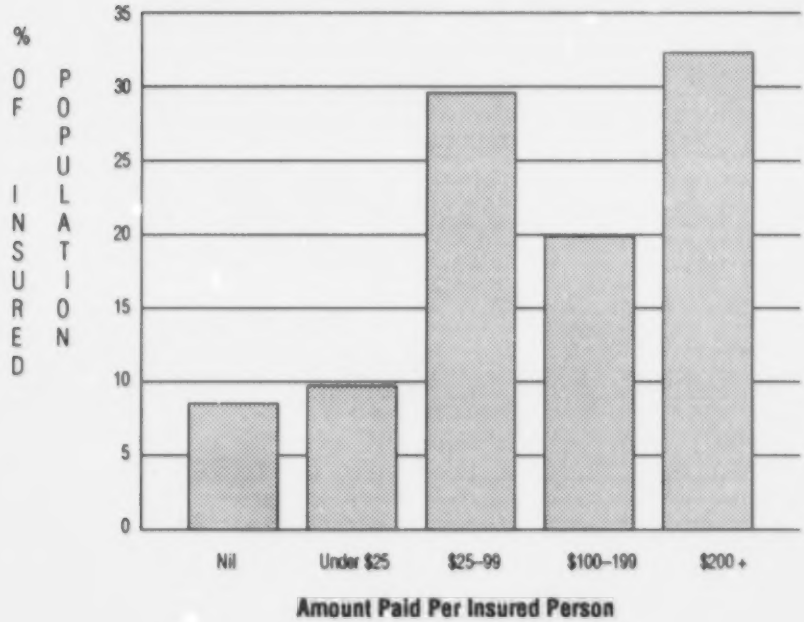
Figure 6

Table 6.1
Physicians' Services
Distribution of Insured Persons by Amount Paid For Services Received

Dollar Value of Services	Persons[1] 1989–90	Persons[1] 1990–91	Amount Paid[2] 1989–90	Amount Paid[2] 1990–91
Part A. Number of Insured Persons				
NIL	73,198	75,052	–	–
$ 0.01– $ 10.00	1,319	249	$ 12,226	$ 1,848
10.01– 25.00	86,274	85,380	1,459,845	1,486,885
25.01– 50.00	104,850	97,781	3,820,087	3,602,951
50.01– 100.00	164,911	163,151	11,747,309	11,713,911
100.01– 150.00	104,590	105,083	12,810,989	12,933,398
150.01– 200.00	70,141	71,666	12,148,259	12,429,197
200.01– 300.00	84,992	89,389	20,785,606	21,878,355
300.01– 500.00	80,219	84,547	30,990,794	32,627,558
500.01 - $1000.00	67,408	71,140	46,882,285	49,449,464
Over $1000.00	36,698	39,662	65,352,303	71,420,638
TOTAL	874,600	883,100	$206,009,703	$217,544,205
Part B. Percentage Distribution				
NIL	8.4%	8.5%	–%	–%
$ 0.01– $ 10.00	0.1	–	–	–
10.01– 25.00	9.9	9.7	0.7	0.7
25.01– 50.00	12.0	11.1	1.9	1.7
50.01– 100.00	18.8	18.5	5.7	5.4
100.01– 150.00	12.0	11.9	6.2	5.9
150.01 – 200.00	8.0	8.0	5.9	5.7
200.01– 300.00	9.7	10.1	10.1	10.1
300.0 – 500.00	9.2	9.6	15.0	15.0
500.0 – $1000.00	7.7	8.1	22.8	22.7
Over $1000.00	4.2	4.5	31.7	32.8
TOTAL	100.0%	100.0%	100.0%	100.0%

Notes 1 and 2—See footnotes to Table 6.0.

Distribution of Insured Population
by Amount Paid for Services Rendered
Fiscal Year 1990–91



Corresponding Percentage of Total Paid

Figure 7

Table 7.0
MSI Fee-for-Service Expenditure per Insured Person by Age and Sex
12 Months Ended March 31, 1991

Age Group	Insured[1] Population	Expenditure per Insured		
		Male	Female	Total
0 – 4	61,100	$294.85	$254.62	$275.14
5 – 9	60,700	150.81	132.79	141.98
10 – 14	62,300	113.08	113.20	113.14
15 – 19	67,200	109.03	187.97	147.71
20 – 24	67,500	101.65	264.96	181.67
25 – 29	77,200	114.60	319.50	217.05
30 – 34	74,500	139.27	302.47	222.50
35 – 39	69,500	157.73	267.02	213.46
40 – 44	65,100	175.11	250.82	213.72
45 – 49	50,200	203.31	272.23	238.46
50 – 54	41,100	244.61	291.17	267.89
55 – 59	38,700	302.61	303.81	303.22
60 – 64	36,400	353.69	324.50	338.22
65 – 69	34,800	444.30	382.84	411.11
70 - 74	30,000	500.51	437.62	465.92
75+	46,800	595.31	514.15	544.99
TOTAL	883,100	$211.55	$279.73	$246.37

1. The insured population in each age group was estimated as of October 1, 1989, by extrapolating from 1988 and 1989 postcensal annual estimates. This estimate of 883,100 excludes 12,600 individuals employed in Armed Forces or R.C.M.P. Population estimates above are rounded to the nearest 100, while expenditure per insured was calculated from unrounded data.

MSI Fee-for-Service Expenditure per Insured Person
by Age and Sex
12 Months Ended March 31, 1991

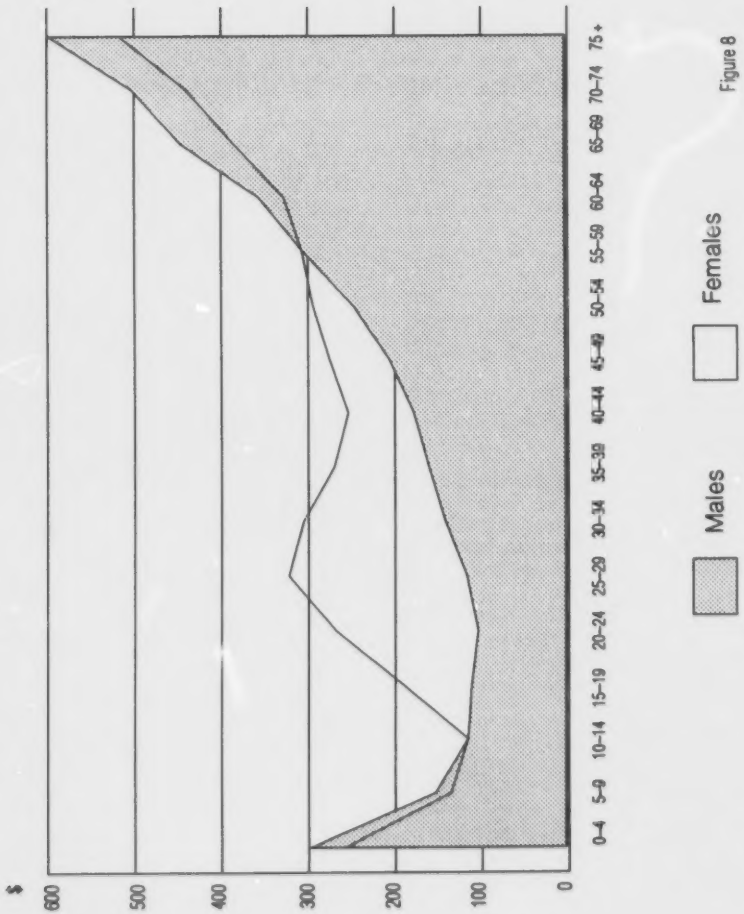


Figure 8

Table 8.0
Physicians' Services
MSI Payments to Institutions
for Services Performed by Salaried Physicians[1]
by Physician's Specialty

Physician	Amount Paid[2] 12 Months Ended March 31, 1990	Amount Paid[2] 12 Months Ended March 31, 1991	% Increase Amount Paid
General Practice	$3,539,329	$ 4,300,808	21.5
Psychiatry	3,838,491	5,867,728	52.9
Other	238,955	285,246	19.4
TOTAL	$7,616,775	$10,453,782	37.2

1. Data in this table include all amounts actually paid during fiscal 1990–91. Data reported elsewhere are on an incurred basis and include an estimate of amounts incurred but not billed at year end.

2. These figures include the following for overhead expenses:

	1989–90	1990–91
General Practice	$ 449,323	$ 551,872
Psychiatry	548,559	601,256
Other	51,816	60,450
TOTAL	$1,049,698	$1,213,578

NOVA SCOTIA MEDICAL SERVICES INSURANCE

1990–1991

SECTION THREE

DENTAL SERVICES

Table 1
MSI Dental Plans
Payment and Utilization Summary

Payment Summary

	1989–90	1990–91
Children's Dental & Dental Surgical[1]		
Services in Nova Scotia	$15,914,160	$14,633,601
Services outside Nova Scotia	9,833	8,250
TOTAL	$15,923,993	$14,641,851
Special Dental Programs[2]	190,326	208,537
TOTAL Dental Payments	$16,114,319	$14,850,388

Utilization Summary

	Dental Surgical		Children's Dental	
	1989–90	1990–91	1989–90	1990–91
Services Rendered	30,841	29,199	514,733	455,399
Amount Paid	$2,658,119	$2,580,311	$13,265,874	$12,061,540
Persons insured	874,600	883,100	198,800	198,500
Persons receiving insured Services (beneficiaries)	10,191	9,341	130,577	118,107
Percent of persons insured	1.2%	1.1%	65.7%	59.5%
Services per insured person	.04	.03	2.59	2.29
Paid per insured person	$3.04	$2.92	$66.73	$60.76
Services per beneficiary	3.03	3.13	3.94	3.86
Paid per beneficiary	$260.83	$276.23	$101.59	$102.12

1. The eligibility criteria for the Children's Dental Plan changed during the 1990–91 fiscal year. Prior to July 1, 1990, the plan covered all children under 16 years of age. Effective July 1, 1990, children are eligible up to the end of the month in which they become 14-years of age.

2. Special Dental Programs include persons who have a cleft palate; in–hospital services to persons who are severely mentally retarded; children at the Halifax School For the Blind aged 14 and older; and uninsured services to persons over 14 years of age approved under Special Consideration. Amounts paid were:

	1989–90	1990–91
Cleft Palate	$155,516	$171,439
Mental Retardation	29,362	27,231
School For The Blind	374	1,532
Special Consideration — Adult	5,074	8,335

Additional information on the Cleft Palate Plan is reported in Tables 15 to 20.

Table 2
MSI Children's Dental Plan
Payments to Dentists by Area

County	April 1, 1989 to March 31, 1990 Dentists Paid	Paid	% of Total Paid	April 1, 1990 to March 31, 1991 Dentists Paid	Paid	% of Total Paid
Annapolis	7	$280,397	2.1%	6	$263,279	2.2%
Antigonish	9	471,953	3.6	9	457,996	3.8
Cape Breton	39	1,865,910	14.1	40	1,732,710	14.4
Colchester	24	656,064	4.9	22	538,324	4.5
Cumberland	9	456,267	3.4	9	393,549	3.3
Digby	5	281,140	2.1	6	248,319	2.1
Guysborough	2	81,039	0.6	2	100,266	0.8
Halifax	197	4,967,014	37.5	209	4,559,837	37.8
Hants	8	420,004	3.2	9	419,166	3.5
Inverness,[1] Richmond & Victoria	12	659,578	5.0	12	609,356	5.0
Kings	23	807,321	6.1	21	712,471	5.9
Lunenburg	17	697,291	5.3	18	593,834	4.9
Pictou	17	840,748	6.3	17	711,782	5.9
Queens	4	156,861	1.1	4	137,803	1.1
Shelburne	3	152,811	1.2	5	144,529	1.2
Yarmouth	9	467,076	3.5	8	435,245	3.6
TOTAL	385	$13,261,474	100.0%	397	$12,058,466	100.0%
Out-of-Province	–	4,400	–	–	3,074	–
GRAND TOTAL	385	$13,265,874	–	397	$12,061,540	–
Payments to Urban Areas						
Halifax–Dartmouth Urban	188	4,656,941	35.1	201	4,296,886	35.6
Sydney City	24	835,952	6.3	26	806,800	6.7
TOTAL	212	$5,492,893	41.4	227	$5,103,686	42.3

1. Payments were made to one dentist in Victoria, and two in Richmond County in 1989–90 and 1990–91.

2. The Halifax–Dartmouth urban area includes the area within a perimeter bounded by Halifax, Middle Sackville, and Dartmouth.

Table 3
MSI Children's Dental Plan
Amount Paid and Expenditure per Insured Person[1]
1989–90 and 1990–91

Age	Amount Paid 1989–90	Amount Paid 1990–91	Expenditure per Insured Person[1] 1989–90	Expenditure per Insured Person[1] 1990–91	% Change
Less Than 1	$ 2,117	$ 2,339	$ .17	$ .19	11.8
1	31,798	31,470	2.61	2.54	–2.7
2	167,529	190,606	13.85	15.50	11.9
3	533,704	540,385	43.04	44.29	2.9
4	759,469	771,228	60.76	62.20	2.4
5	888,659	921,047	71.09	73.68	3.6
6	993,463	1,014,048	80.77	81.78	1.3
7	1,096,104	1,103,652	88.40	89.00	0.7
8	1,147,477	1,130,423	94.83	91.16	–3.9
9	1,119,933	1,082,574	90.32	88.74	–1.7
10	1,035,233	1,035,173	83.49	84.16	0.8
11	954,863	970,801	77.63	77.66	–
12	950,620	974,791	77.92	79.25	1.7
13	1,003,382	1,130,334	79.01	91.90	16.3
14	1,084,281	532,825	83.41	42.29	–49.3
15	1,371,101	583,267	107.12	44.87	–58.1
16	126,141	46,577	–	–	–
TOTAL	$ 13,265,874	$ 12,061,540	$ 66.73	$ 60.76	–8.9

1 Insured population in 1990 is shown in Table 4. Effective July 1, 1990, coverage for 14-year olds terminates at the end of the month during which they reach age 14.

Children's Dental Plan
Amount Paid per Insured Person
by Age Group

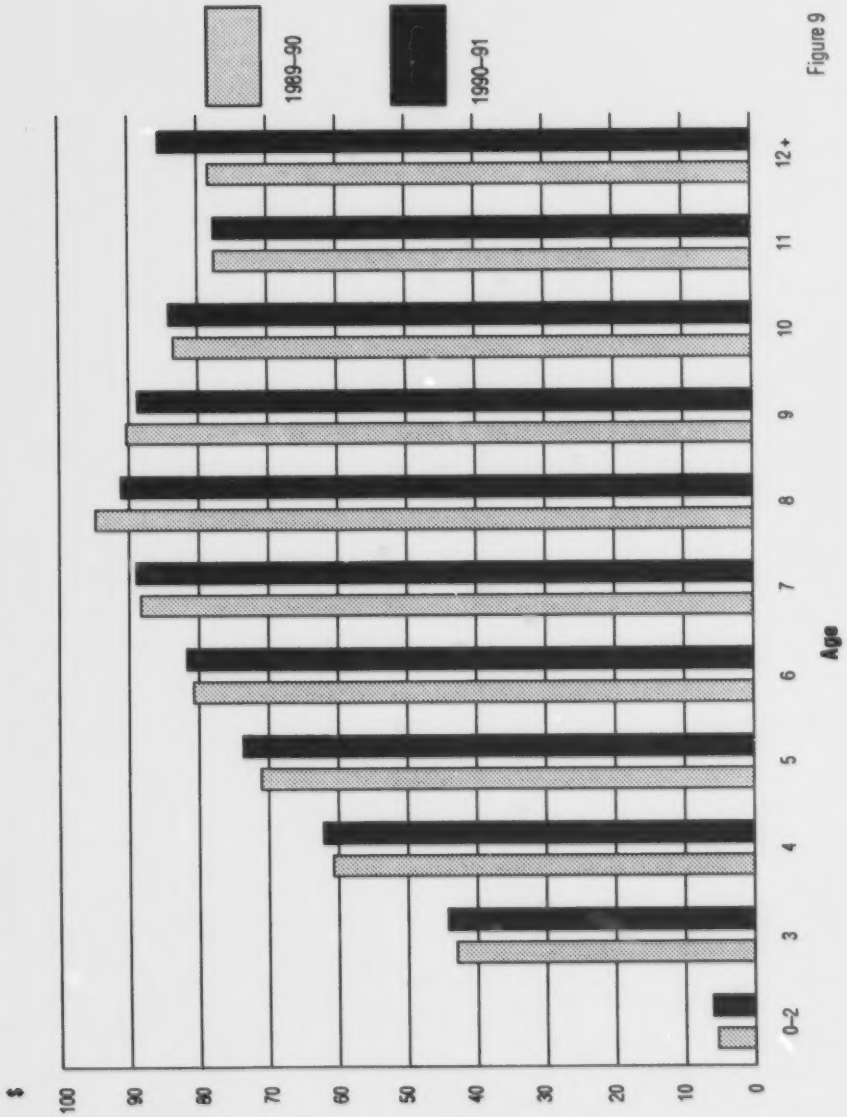


Figure 9

Table 4
MSI Children's Dental Plan
Utilization Rates and Expenditure per Beneficiary
April 1, 1990 to March 31, 1991

Age	Insured[1]	Beneficiaries[2]	Utilization Rate	Expenditure per Beneficiary
Less Than 1	12,300	81	0.7	$ 28.88
1	12,400	533	4.3	59.04
2	12,300	2,533	20.6	75.25
3	12,200	7,059	57.9	76.55
4	12,400	8,838	71.3	87.26
5	12,500	9,626	77.0	95.68
6	12,400	10,156	81.9	99.85
7	12,400	10,085	81.3	109.44
8	12,400	10,197	82.2	110.86
9	12,200	10,061	82.5	107.60
10	12,300	10,058	81.8	102.92
11	12,500	9,874	79.0	98.32
12	12,300	9,393	76.4	103.78
13	12,300	9,825	79.9	115.05
14	12,600	4,735	37.6	112.52
15	13,000	4,798	36.9	121.56
16	–	255	–	182.65
TOTAL	198,500	118,107	59.5	$102.12
Ages 3 to 13	135,900	105,172	77.4	$101.50

1. Insured population is the estimated population as of December 1990. Population estimates were derived from Family Allowance Data.

2. Children who received services before and after a birthday are counted as of the youngest age.

Table 5
Children's Dental Plan Expenditure for Children Aged 3 to 13 by Area of Residence April 1, 1990 to March 31, 1991

County[1]	Insured[2] Population	Amount Paid	Expenditure per Insured
Annapolis	3,400	$ 269,270	$79.19
Antigonish	3,700	330,297	89.27
Cape Breton	20,500	1,544,146	75.32
Colchester	7,000	538,577	76.94
Cumberland	5,100	378,381	74.19
Digby	3,100	204,192	65.87
Guysborough	2,100	186,905	89.00
Halifax	44,500	3,457,433	77.70
Hants	6,400	576,977	90.15
Inverness	4,000	313,684	78.42
Kings	8,600	704,803	81.95
Lunenburg	6,700	509,799	76.09
Pictou	8,500	651,290	76.62
Queens	1,900	129,920	68.38
Richmond	2,000	193,207	96.60
Shelburne	2,800	233,277	83.31
Victoria	1,500	97,643	65.10
Yarmouth	4,100	358,654	87.48
TOTAL	135,900	$10,678,455	$78.58

1. The breakdown of expenditure by county is based on MSI county codes. In some instances persons who reside in one county have postal addresses in another county and in those instances MSI county codes would reflect the postal address. This problem is believed to have caused some distortion in the amount paid associated with Hants county, given that some residents of Halifax county have postal addresses in Hants.

2. Insured population by county was estimated by applying the population distribution of children aged 3 to 13 as of the 1986 census to the insured population shown in Table 4.

Table 6
Children's Dental Plan
Utilization Rates and Expenditure per Patient
for Children Aged 3 to 13
by Area of Residence
April 1, 1990 to March 31, 1991

County	Insured[1] Population	Beneficiaries[2]	Utilization Rate	Expenditure per Patient
Annapolis	3,400	2,913	85.7	$ 92.44
Antigonish	3,700	3,046	82.3	108.44
Cape Breton	20,500	14,470	70.6	106.71
Colchester	7,000	5,422	77.5	99.33
Cumberland	5,100	3,507	68.8	107.89
Digby	3,100	2,292	73.9	89.09
Guysborough	2,100	1,467	69.9	127.41
Halifax	44,500	36,129	81.2	95.70
Hants	6,400	5,679	88.7	101.60
Inverness	4,000	2,806	70.2	111.79
Kings	8,600	7,320	85.1	96.28
Lunenburg	6,700	4,980	74.3	102.37
Pictou	8,500	6,386	75.1	101.99
Queens	1,900	1,303	68.6	99.71
Richmond	2,000	1,475	73.8	130.99
Shelburne	2,800	1,920	68.6	121.50
Victoria	1,500	925	61.7	105.56
Yarmouth	4,100	3,451	84.2	103.93
TOTAL	135,900	105,491	77.6	$101.23

1. Insured population by county was estimated by applying the population distribution of children aged 3 to 13 as of the 1986 census to the insured population shown in Table 4.

2. Data in Table 4 shows 105,172 beneficiaries 3 to 13-years of age. Children who received services both before and after their third birthday were shown as age 2 in Table 4, but are included in the 3 and over group in this table.

   Qualifications in Table 5, Note 2, apply to the distribution of beneficiaries by county.

Table 7
MSI Children's Dental Plan
Services and Payments by Type of Service
1989–90 and 1990–91

	Services			Paid		
	1989–90	1990–91	% Change	1989–90	1990–91	% Change
Diagnostic	207,269	183,428	–11.5	$ 2,930,325	$ 2,625,851	–10.4
Per cent	40.6	40.5		22.4	22.0	
Preventive	113,551	101,493	–10.6	2,833,896	2,618,086	– 7.6
Per cent	22.2	22.4		21.7	21.9	
Preventive Orthodontics	3,642	1,582	–56.6	359,028	159,827	–55.5
Per cent	0.7	0.3		2.8	1.3	
Restorative	150,019	134,811	–10.1	5,532,388	5,158,365	– 6.8
Per cent	29.4	29.7		42.4	43.2	
Oral Surgery	28,524	25,244	–11.5	878,808	899,930	2.4
Per cent	5.6	5.6		6.7	7.5	
Endodontics	6,975	6,704	– 3.9	501,085	472,430	– 5.7
Per cent	1.4	1.5		3.8	4.0	
Other[1]	714	191	–73.2	27,990	13,955	–50.1
Per cent	0.1	–		0.2	0.1	
Sub–Total	510,694	453,453	–11.2	$13,063,520	$11,948,444	– 8.5
Per cent	100.0	100.0		100.0	100.0	
Lab Fees	4,039	1,946	–51.8	202,354	113,096	–44.1
TOTAL	514,733	455,399	–11.5	$13,265,874	$12,061,540	– 9.1

1. Includes Periodontics and Prosthetics:

	Services		Paid	
	1989–90	1990–91	1989–90	1990–91
Periodontics	663	157	$19,823	$ 8,644
Prosthetics	51	34	7,813	5,311

Table 8
Children's Dental Plan
Summary of Services by Age and Type of Service

(A) Total Services April 1, 1990 to March 31, 1991[1]

Age	Diagnostic	Preventive	Preventive Orthodontics	Restorative	Oral Surgery	Endodontics	Total[2]
Less Than 1	77	2	6	1	3	1	91
1	648	79	10	196	52	–	1,022
2	2,965	1,396	24	1,662	155	2	6,399
3	8,148	5,613	47	5,087	243	4	19,587
4	11,422	7,685	70	9,331	428	3	29,738
5	14,272	8,410	112	11,371	1,062	3	36,256
6	16,308	8,990	158	12,438	2,030	9	40,823
7	16,662	9,085	252	13,485	2,787	8	43,026
8	17,005	9,181	287	13,358	3,009	10	43,560
9	16,998	9,126	286	11,596	3,186	9	41,703
10	17,034	9,222	234	9,760	3,570	9	40,183
11	16,557	8,876	159	8,736	3,437	16	37,983
12	15,814	8,508	109	9,572	2,678	30	36,919
13	16,541	8,811	58	13,218	1,679	28	40,596
14	6,184	3,225	41	6,972	480	19	17,055
15	6,238	3,146	25	7,356	416	31	17,397
16	257	138	2	672	29	4	1,115
TOTAL	183,130	101,493	1,880	134,811	25,244	186	453,453

(B) Percentage Distribution

Age	Diagnostic	Preventive	Preventive Orthodontics	Restorative	Oral Surgery	Endodontics	Total
Less Than 1	–	–	0.3	–	–	0.5	–
1	0.4	0.1	0.5	0.2	0.2	–	0.2
2	1.6	1.4	1.3	1.2	0.6	1.1	1.4
3	4.5	5.5	2.5	3.8	1.0	2.2	4.3
4	6.2	7.6	3.7	6.9	1.7	1.6	6.6
5	7.8	8.3	6.0	8.4	4.2	1.6	8.0
6	8.9	8.9	8.4	9.2	8.0	4.8	9.0
7	9.1	8.9	13.4	10.0	11.0	4.3	9.5
8	9.3	9.0	15.3	9.9	11.9	5.4	9.6
9	9.3	9.0	15.2	8.6	12.6	4.8	9.2
10	9.3	9.1	12.4	7.2	14.2	4.8	8.9
11	9.1	8.7	8.5	6.5	13.6	8.6	8.4
12	8.6	8.4	5.8	7.1	10.6	16.1	8.1
13	9.0	8.7	3.1	9.8	6.7	15.1	9.0
14	3.4	3.2	2.2	5.2	1.9	10.2	3.8
15	3.4	3.1	1.3	5.5	1.7	16.7	3.8
16	0.1	0.1	0.1	0.5	0.1	2.2	0.2
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

1. Lab fees are not counted as services in this table.

2. Periodontics and prosthetics are included in the total column only.

Table 9
Children's Dental Plan
Summary of Amounts Paid by Age and Type of Service

(A) Amounts Paid April 1, 1990 to March 31, 1991[1]

Age	Diagnostic	Preventive	Preventive Orthodontics	Restorative	Oral Surgery	Endodontics	Total[2]
Less Than 1	$ 1,672	$ 45	$ 292	$ 52	$ 174	$ 27	$ 2,339
1	14,490	2,028	625	10,309	2,005	–	31,470
2	67,214	34,970	2,043	70,251	6,595	183	190,607
3	170,479	141,631	6,578	191,541	9,790	490	540,385
4	187,609	196,368	8,860	329,729	15,722	340	771,227
5	211,590	216,104	14,775	399,264	37,498	470	921,047
6	228,940	232,388	20,149	426,945	70,598	362	1,014,047
7	227,516	235,987	33,248	478,363	97,142	246	1,103,652
8	229,680	238,470	38,933	485,206	103,686	562	1,130,423
9	227,174	236,742	39,480	434,738	110,865	609	1,082,574
10	226,507	239,152	33,606	360,728	123,726	511	1,035,172
11	219,264	229,794	20,196	353,278	117,960	1,052	970,801
12	209,660	219,809	13,024	394,908	94,678	2,362	974,792
13	219,338	227,402	5,312	556,655	62,392	1,635	1,130,336
14	82,038	82,866	3,444	308,840	20,626	1,486	532,825
15	84,875	80,770	1,988	344,736	25,283	2,355	583,266
16	3,370	3,540	149	33,912	1,673	489	46,577
TOTAL	$2,611,416	$2,618,086	$242,704	$5,199,455	$900,413	$13,179	$12,061,540

(B) Percentage Distribution

Age	Diagnostic	Preventive	Preventive Orthodontics	Restorative	Oral Surgery	Endodontics	Total
Less Than 1	0.1	–	0.1	–	–	0.2	–
1	0.6	0.1	0.3	0.2	0.2	–	0.3
2	2.6	1.3	0.8	1.4	0.7	1.4	1.6
3	6.5	5.4	2.7	3.7	1.1	3.7	4.5
4	7.2	7.5	3.7	6.3	1.8	2.6	6.4
5	8.1	8.3	6.1	7.7	4.2	3.6	7.6
6	8.8	8.9	8.3	8.2	7.8	2.7	8.4
7	8.7	9.0	13.7	9.2	10.8	1.9	9.1
8	8.8	9.1	16.0	9.3	11.5	4.2	9.4
9	8.7	9.0	16.3	8.4	12.3	4.6	9.0
10	8.7	9.1	13.8	7.3	13.8	3.9	8.6
11	8.4	8.8	8.3	6.8	13.1	8.0	8.0
12	8.0	8.4	5.4	7.6	10.5	17.9	8.1
13	8.4	8.7	2.2	10.7	6.9	12.4	9.4
14	3.1	3.2	1.4	5.9	2.3	11.3	4.4
15	3.2	3.1	0.8	6.6	2.8	17.9	4.8
16	0.1	0.1	0.1	0.7	0.2	3.7	0.4
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

1. Lab fees are shown by type of service in this table. They are shown separately in Table 7.

2. Periodontics and prosthetics are included in the total column only.

Children's Dental Plan
Distribution of Payments by Type of Service and Age Group

Figure 10

Table 10
MSI Dental Surgical Plan
Payments to Dentists by County

County	April 1, 1989 to March 31, 1990			April 1, 1990 to March 31, 1991		
	Dentists Paid	Amount Paid	% of Total Paid	Dentists Paid	Amount Paid	% of Total Paid
Annapolis	4	$ 793	–		$ 326	–
Antigonish	2	11,311	0.4	1	22,931	0.9
Cape Breton	8	174,377	6.6	6	167,245	6.5
Colchester	3	21,084	0.8	3	23,031	0.9
Cumberland	3	4,638	0.2	3	2,663	0.1
Digby	–	–	–	1	38	–
Halifax	14	1,948,540	73.5	17	2,025,453	78.7
Hants	3	7,714	0.3	3	12,208	0.5
Inverness	–	10,469	0.4	2	11,619	0.4
Kings	6	236,278	8.9	7	105,422	4.1
Lunenburg	2	6,923	0.3	4	5,787	0.2
Pictou	3	226,123	8.5	4	194,949	7.6
Queens	2	1,159	–	2	795	–
Shelburne	1	199	–	1	39	–
Yarmouth	2	3,078	0.1	2	2,629	0.1
TOTAL	56	$2,652,686	100.0	58	$2,575,135	100.0
Out-of-Province	–	5,433	–	–	5,176	–
GRAND TOTAL	56	$2,658,119	–	58	$2,580,311	–

1. Counties where the number of dentists paid under the Children's Dental and Dental Surgical Plans was less than three are combined to preserve confidentiality.

Table 11
MSI Dental Surgical Plan
Amount Paid by Type of Service
1989–90 and 1990–91

	April 1989 to March 1990		April 1990 to March 1991		
	Paid	% Of Dental Surgical	% Paid	% Of Dental Surgical	% Change
Surgical Removal of Erupted Teeth	$ 143,507	5.4%	$ 125,236	4.9%	–12.7%
Surgical Removal of Impacted Teeth	1,601,913	60.3	1,636,053	63.4	2.1
Surgical Removal of Residual Roots	93,736	3.5	78,439	3.0	–16.3
Correction of Prognathism	195,612	7.4	149,538	5.8	–23.6
Correction of Micronathism	280,380	10.5	288,647	11.2	2.9
Other Services	342,971	12.9	302,398	11.7	–11.8
TOTAL	$2,658,119	100.0%	$2,580,311	100.0%	–2.9%

Table 12
Dental Surgical Plan
Distribution by Age
April 1, 1990 to March 31, 1991

Age	Patients	Services	Amount Paid	Paid per Patient
Less Than 10	181	247	$ 15,467	$ 85.45
10 – 14	368	1,241	128,757	349.88
15 – 19	3,124	11,734	1,014,561	324.76
20 – 24	2,088	6,913	570,335	273.15
25 – 29	1,256	3,618	326,830	260.22
30 – 34	734	1,894	191,045	260.28
35 – 39	407	966	113,922	279.91
40 – 44	293	699	65,999	225.25
45 – 49	198	407	36,911	186.42
50 – 54	143	320	27,223	190.37
55 – 59	127	300	25,354	199.64
60 – 64	133	274	21,622	162.57
65 – 69	103	198	14,644	142.17
70 +	186	388	27,641	148.61
TOTAL	9,341	29,199	$2,580,311	$276.24

Table 13
Payments to Nova Scotia Dentists by Specialty
April 1, 1990 to March 31, 1991

Children's Dental Plan

	Fiscal 1989–90		Fiscal 1990–91		
Specialty	Dentists	Paid	Dentists	Paid	% Change
General Practice	338	$12,261,883	350	$11,199,756	–8.7%
Endodontics	5	67,149	5	69,842	4.0
Orthodontics	9	24,188	9	14,449	–40.3
Oral Surgery	10	94,942	10	50,007	–47.3
Pedodontics	8	792,997	9	707,572	–10.8
Periodontics	10	17,829	11	16,723	–6.2
Prosthetics	5	2,486	3	117	–95.3
TOTAL	385	$13,261,474	397	$12,058,466	–9.1

Dental Surgical

	Fiscal 1989–90		Fiscal 1990–91		
Specialty	Dentists	Paid	Dentists	Paid	% Change
General Practice	42	$ 142,591	42	$ 114,454	–19.7%
Endodontics	–	–	1	39	100.0
Oral Surgery	10	2,502,745	11	2,454,123	–1.9
Pedodontics	3	6,703	3	6,316	–5.8
Periodontics	1	647	1	203	–68.6
TOTAL	56	$2,652,686	58	$2,575,135	–2.9

Table 14
MSI Dental Plan
Payments to Dentists, by Payment Range
1989-90 and 1990-91

	Less Than $5,000		$5,000 –9,999		$10,000 –14,999		$15,000 –19,999		$20,000 –29,999		$30,000 –39,999		$40,000 –49,999		$50,000 –99,999		$100,000 And Over		Total	
	90	91	90	91	90	91	90	91	90	91	90	91	90	91	90	91	90	91	90	91
Children's Dental																				
General Practitioners	42	43	21	26	32	34	24	39	53	53	39	39	35	36	83	71	9	8	338	349
Specialists	33	33	4	3	1	2	2	3	1	1	–	3	1	–	2	1	3	2	47	48
TOTAL	75	76	25	29	33	36	26	42	54	54	39	42	36	36	85	72	12	10	385	397
Dental Surgical																				
General Practitioners	36	32	2	7	1	2	2	–	–	1	–	–	1	–	–	–	–	–	42	42
Specialists	4	4	–	2	–	–	–	–	–	–	–	–	–	–	–	–	10	10	14	16
TOTAL	40	36	2	9	1	2	2	–	–	1	–	–	1	–	–	–	10	10	56	58

Children's Dental Plan
Distribution of Dentists by Payment Range

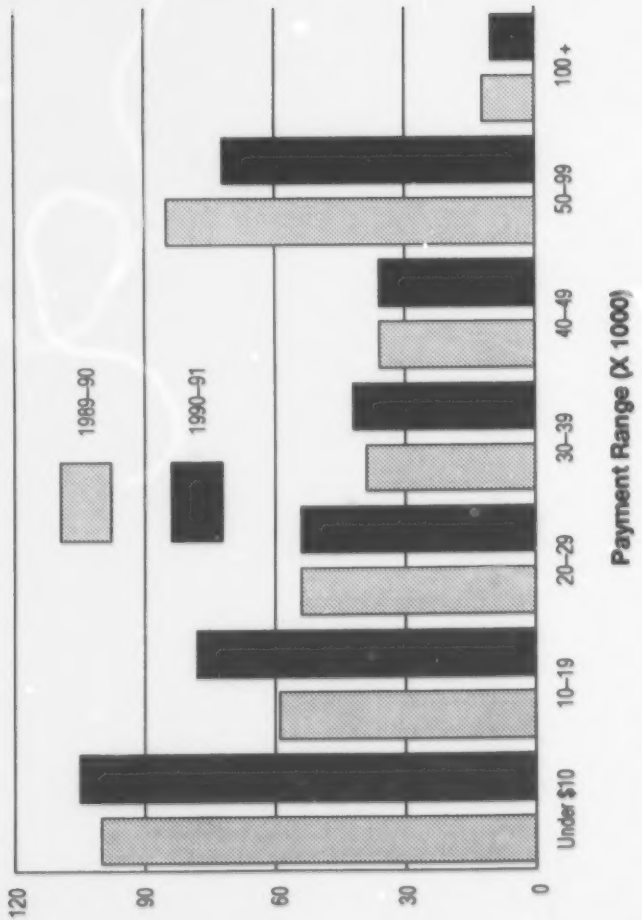


Figure 11

Table 15
Cleft Palate Plan
Payment and Utilization Summary
April 1, 1990 to March 31, 1991

	1989–90	1990–91	% Change
Children Insured by both the Cleft Palate Program and the Children's Dental Plan			
Services	1,848	1,623	–12.2
Amount Paid	$102,982	$ 76,495	–25.7
Persons Not Insured by the Children's Dental Plan			
Services	567	1,058	86.6
Amount Paid	$ 48,503	$ 94,944	95.7
Retroactive Payment[1]	4,031	$ –	N/A
Total Paid	$155,516	$171,439	10.2
Persons Registered for Coverage	583	563	–3.4
Expenditure per Insured	$ 266.75	$ 304.51	14.2
Beneficiaries	430	450	4.7
Insured by the Children's Dental Plan	333	288	–13.5
Not Insured by the Children's Dental Plan	97	162	67.0
Per cent of Insured Persons who Received Benefits	73.8%	79.9%	
Expenditure per Beneficiary	$ 361.67	$ 380.98	5.3

1. Tables 16 – 20 do not include the retroactive payment made in May, 1990.

Table 16
Distribution of Cleft Palate Expenditure
Services and Payments by Type of Service
1989–90 and 1990–91

	Services			Paid		
	1989–90	1990–91	% Change	1989–90	1990–91	% Change
Diagnostic	876	1,075	22.7	$16,218	$27,764	71.2
Per cent	37.0	41.3		11.1	16.7	
Preventive	288	305	5.9	6,250	7,604	21.7
Per cent	12.2	11.7		4.3	4.6	
Orthodontics	411	392	-4.6	70,218	73,381	4.5
Per cent	17.4	15.1		47.9	44.2	
Restorative	478	567	18.6	19,999	22,144	10.7
Per cent	20.2	21.8		13.6	13.4	
Oral Surgery	109	112	2.8	3,523	3,932	11.6
Per cent	4.6	4.3		2.4	2.4	
Endodontics & Periodontics	53	35	-34.0	4,438	4,006	- 9.7
Per cent	2.2	1.3		3.0	2.4	
Prosthetics	46	38	-17.4	7,745	7,967	2.9
Per cent	2.0	1.5		5.3	4.8	
Dental Surgery	104	79	-24.0	18,255	19,114	4.7
Per cent	4.4	3.0		12.4	11.5	
Sub–total	2,365	2,603	10.1	$146,646	$165,912	13.1
Per cent	100.0	100.0		100.0	100.0	
Lab Fees	50	78	56.0	4,839	5,527	14.2
TOTAL	2,415	2,681	11.0	$151,485	$171,439	13.2

Table 17
Distribution of Cleft Palate Expenditure
by Age of Patients
April 1, 1990 to March 31, 1991[1]

Age	Patients	Per cent	Paid	Per cent	Paid per Patient
0 – 9	195	43.3	$ 32,341	18.9	$165.85
10 – 19	202	44.9	116,967	68.2	579.04
20 – 22	35	7.8	11,716	6.8	334.74
23 +	18	4.0	10,415	6.1	578.61
TOTAL	450	100.0	$171,439	100.0	$380.98

1. Eligibility for the Cleft Palate Plan terminates at age 23. Extensions are sometimes granted at the discretion of the Health Services & Insurance Commission.

NOVA SCOTIA MEDICAL SERVICE INSURANCE

1990–91

SECTION FOUR

OPTOMETRIC SERVICES

Table 1
Optometric Services
Payment and Utilization Summary

	1989–90	1990–91	Percentage Change
Payment Summary			
Fee–for–Service Payments			
In Province	$4,676,601	$5,044,946	14.2
Out-of-Province	13,532	16,612	22.8
TOTAL	$4,690,133	$5,061,558	7.9
Utilization Summary			
Services rendered	149,399	152,821	2.2
Persons insured[1]	874,600	883,100	1.0
Persons receiving services (beneficiaries)	144,592	147,462	2.0
Percentage of persons insured	16.5	16.7	
Services per 1,000 insured	171	173	1.2
Expenditure per 1,000 insured	$ 5,363	$ 5,732	6.9
Services per 1,000 beneficiaries	1,033	1,035	0.2
Expenditure per 1,000 beneficiaries	$ 32,437	$ 34,324	5.8

1. See note 1 on Table 4.2.

Table 2
Optometric Services
Optometric Services In Urban and Rural Areas[1]

	1989–90	1990–91
Number of Optometrists Paid		
Urban	29	31
Rural	30	34
TOTAL	59	65
Number of Services Paid		
Urban	72,412	66,193
Rural	76,523	85,932
Out-of-Province	464	496
TOTAL	149,399	152,621

Amount Paid

	1989–90	% of Total	1990–91	% of Total
Urban	$2,149,232	45.8	$2,195,373	43.4
Rural	2,269,284	48.4	2,849,573	56.3
Out–of–Province	13,532	0.3	16,612	0.3
Retroactive Payments	258,085	5.5	–	–
TOTAL	$4,690,133	100.0	$5,061,558	100.0

1. Urban areas are defined as areas with population over 35,000. These areas include: Sydney Urban Area within a perimeter bounded by North Sydney, Sydney City, and Glace Bay; and the Halifax-Dartmouth Urban Area within a perimeter bounded by Halifax, Middle Sackville, and Dartmouth.

Table 3
Optometric Services
Number of Optometrists Paid, by Payment Range
1989–90 and 1990–91

	Less Than $20,000		$20,000 –39,999		$40,000 –59,999		$60,000 –79,999		$80,000 and Over		Total	
Location	90	91	90	91	90	91	90	91	90	91	90	91
Urban	3	3	3	5	3	5	6	4	14	14	29	31
Rural	2	2	3	4	7	3	4	4	14	21	30	34
TOTAL	5	5	6	9	10	8	10	8	8	35	59	65

Optometric Services
Number of Optometrists Paid by Payment Range

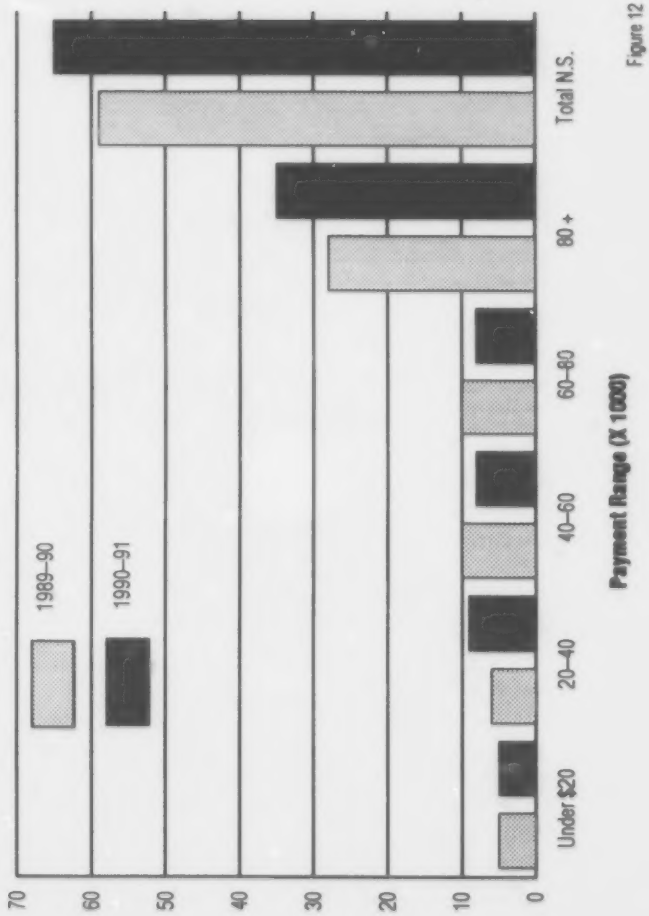


Figure 12

NOVA SCOTIA MEDICAL SERVICES INSURANCE

1990–91

SECTION FIVE

MSI PHARMACARE

CYSTIC FIBROSIS AND DIABETES INSIPIDUS

Table 1
MSI Pharmacare
Payment and Utilization Summary
April 1, 1990 to March 31, 1991

	1989–90	1990–91	% Change
Payment Summary			
Payments for prescriptions dispensed			
– by participating pharmacies	$70,735,186	$64,893,083	–8.3
– by other providers	686,214	656,241	– 4.6
– by providers outside Nova Scotia	98,723	120,915	– 22.5
	$71,522,125	$65,670,239	– 8.2
Homes for Special Care	877,976	915,211	4.2
TOTAL	$72,400,101	$66,585,450	–8.0
Utilization Summary			
Persons insured	110,500	111,600	1.0
Persons receiving insured services (beneficiaries)[1]	104,484	104,820	0.3
Per cent of persons insured	94.6	93.9	
Prescriptions dispensed	2,702,704	2,472,249	– 8.5
Prescriptions per insured	24.5	22.2	– 9.4
Expenditure per insured	$ 655.20	$ 596.64	– 8.9
Prescriptions per beneficiary[1]	25.9	23.6	– 8.9
Expenditure per beneficiary[1]	$ 684.53	$ 626.50	– 8.5

1. Excludes persons residing in nursing homes that are authorized providers of prescription drugs.

Table 2
MSI Pharmacare
Prescriptions and Amount Paid by County of Provider[1]
April 1, 1990 to March 31, 1991

County	Providers Paid 1989–90	Providers Paid 1990–91	Number of Prescriptions 1989–90	Number of Prescriptions 1990–91	Amount Paid 1989–90	Amount Paid 1990–91	Paid per Prescription 1989–90	Paid per Prescription 1990–91
Annapolis	5	7	92,301	97,778	$2,328,907	$2,464,464	$25.23	$25.20
Antigonish	5	4	59,380	57,141	1,543,612	1,471,662	26.00	25.75
Cape Breton	30	31	365,830	324,641	9,908,186	8,929,840	27.08	27.51
Colchester	12	12	126,309	118,087	3,669,194	3,384,506	29.05	28.66
Cumberland	13	13	150,648	131,330	3,900,625	3,386,642	25.89	25.79
Digby	7	7	93,242	86,768	2,344,606	2,122,125	25.15	24.46
Guysborough	5	5	35,871	31,646	787,023	716,419	21.94	22.64
Halifax	101	98	752,427	699,989	20,093,693	18,887,420	26.71	26.98
Hants	17	16	116,771	105,025	3,180,743	2,840,041	27.24	27.04
Inverness	7	8	78,495	72,040	2,042,447	1,916,830	26.02	26.61
Kings	21	21	168,679	139,034	4,371,768	3,717,952	25.92	26.74
Lunenburg	12	12	179,473	166,712	4,813,962	4,522,686	26.82	27.13
Pictou	17	15	188,989	170,445	4,880,893	4,324,220	25.83	25.37
Queens	3	4	55,035	51,421	1,428,447	1,307,356	25.96	25.42
Richmond	2	2	39,399	33,394	1,051,644	875,293	26.69	26.21
Shelburne	6	6	60,518	57,535	1,497,674	1,398,382	24.75	24.30
Victoria	2	2	26,336	23,745	610,636	545,626	23.19	22.98
Yarmouth	8	9	108,648	100,396	2,969,342	2,737,860	27.33	27.22
Out-of-Province	–	–	4,353	4,913	98,723	120,915	22.68	24.61
TOTAL	273	272	2,702,704	2,472,249	$71,522,125	$65,670,239	$26.46	$26.56

1. Includes 246 pharmacies in 1990–91 and 26 other providers. Payments to nursing homes are not included in this table.

Table 3
MSI Pharmacare
Number of Insured Persons and Number of Beneficiaries by County of Residence
April 1, 1990 to March 31, 1991

County	Persons' Insured	Number of[2] Beneficiaries	Utilization Rate
Annapolis	3,600	3,565	99.0
Antigonish	2,200	2,146	97.5
Cape Breton	16,400	15,748	96.0
Colchester	6,400	5,884	91.9
Cumberland	6,100	5,679	93.1
Digby	2,900	3,241	111.8
Guysborough	2,000	1,654	82.7
Halifax	31,300	29,739	[illegible]
Hants	4,400	4,433	100.8
Inverness	3,000	2,864	95.5
Kings	6,500	6,406	98.6
Lunenburg	7,400	6,785	91.7
Pictou	7,100	6,906	97.3
Queens	2,100	2,086	99.3
Richmond	1,900	1,586	83.5
Shelburne	2,500	2,262	90.5
Victoria	1,300	1,108	85.2
Yarmouth	4,500	4,111	91.4
TOTAL	111,600	105,396	94.4

1. Number of insured persons was estimated on the basis of the population distribution of persons 65 and over from the 1986 census together with current estimates of total persons 65 and over as of October 1, 1989. The total number of persons eligible during the year would exceed the numbers shown due to deaths prior to October and persons becoming eligible after October.

2. The number of beneficiaries in each county do not add to the provincial total as some persons resided in more than one county during the year. Total beneficiary count is slightly higher than in other tables due to the inclusion of persons in certain homes for special care which are not included in Table 1.

Table 4
MSI Pharmacare
Prescriptions and Amount Paid by County of Residence[1]
April 1, 1990 to March 31, 1991

County	Number of Prescriptions	Rx per Beneficiary	Amount Paid	Paid per Beneficiary
Annapolis	89,814	25.2	$ 2,288,630	$641.97
Antigonish	51,297	23.9	1,331,613	620.51
Cape Breton	351,588	22.3	9,247,834	587.24
Colchester	115,947	19.7	3,322,342	564.64
Cumberland	136,389	24.0	3,526,701	621.01
Digby	81,476	25.1	1,995,242	615.63
Guysborough	42,740	25.8	990,045	598.58
Halifax	684,286	23.0	18,356,276	617.25
Hants	108,955	24.6	2,988,589	674.17
Inverness	65,155	22.7	1,740,891	607.85
Kings	152,613	23.8	4,068,705	635.14
Lunenburg	166,180	24.5	4,496,676	662.74
Pictou	172,183	24.9	4,374,893	633.49
Queens	54,789	26.3	1,401,624	671.92
Richmond	39,689	25.0	1,048,040	660.81
Shelburne	59,248	26.2	1,448,182	640.22
Victoria	25,945	23.4	622,499	561.82
Yarmouth	100,624	24.5	2,737,118	665.80
TOTAL	2,498,918	23.7	$65,985,900	$626.08

1. Prescriptions and amounts paid in this table are slightly higher than in other tables due to the inclusion of prescriptions for persons in certain homes for special care, which are not included in Tables 1 and 2.

Table 5
Pharmacare Prescriptions and Amount Paid
April 1, 1990 to March 31, 1991
By Drug Classification

Drug Classification	Number of Prescriptions	% of Total	Amount Paid	% of Total
04 – Antihistaminics	18,516	0.8	$ 501,778	0.7
08 – Anti-Infective Agents	131,091	5.3	2,898,079	4.4
10 – Antineoplastic Agents	9,348	0.4	1,378,120	2.1
12 – Autonomic Agents	90,096	3.6	3,341,395	5.1
20 – Blood Formation & Coagulation	27,333	1.1	404,344	0.6
24 – Cardiovascular Drugs	556,819	22.5	19,758,046	30.1
28 – Central Nervous System Drugs				
0800 – Analgesics	292,911	11.8	7,186,460	10.9
1200 – Anticonvulsants	16,131	0.7	242,702	0.4
1600 – Psychotropics	69	–	2,350	–
1604 – Antidepressants	61,481	2.5	1,449,141	2.2
1608 – Tranquilizers	118,394	4.8	1,245,352	1.9
1612 – Other Psychotropics	2,079	0.1	31,638	–
2000 – Central Nervous System Stimulants	1,078	–	34,910	0.1
2400 – Sedatives and Hypnotics	106,073	4.3	1,363,640	2.1
Other	1,830	0.1	18,173	–
Sub-Total – Class 28	600,046	24.3	11,574,366	17.6
40 – Diuretics and Potassium Replacement Agents	239,667	9.7	2,509,123	3.8
48 – Cough Preparations	19,926	0.8	372,711	0.6
52 – Eye, Ear, Nose, & Throat Preparations	144,024	5.8	3,164,489	4.8
56 – Gastrointestinal Drugs	176,949	7.2	8,474,132	12.9
68 – Hormones & Substitutes	188,066	7.6	3,561,114	5.4
77 – Diabetic Supplies	35,622	1.4	1,073,361	1.6
84 – Skin & Mucous Membrane Preparations	70,952	2.9	1,552,244	2.4
86 – Spasmolytics	35,016	1.4	778,593	1.2
88 – Vitamins & Minerals	16,007	0.7	259,800	0.4
8885 – Ostomy Equipment	11,717	0.5	520,657	0.8
92 – Unclassified Therapeutic Agents	71,177	2.9	2,821,845	4.3
99 – Compounds	24,982	1.0	641,851	1.0
Other	4,695	0.2	84,191	0.1
TOTAL	2,472,249	100.0	$65,670,239	100.0

Table 6
MSI Pharmacare – Claims Aging (Cumulative)[1]
Paid April, 1988, to March, 1991

Date Dispensed		Prescriptions	Amount Paid	Paid per Rx
April	1988	204,318	$4,744,905	23.22
May		215,862	5,067,541	23.48
June		220,014	5,190,483	23.59
July		203,080	4,904,920	24.15
August		217,703	5,245,088	24.09
September		217,308	5,288,676	24.34
October		216,602	5,352,282	24.71
November		218,326	5,452,463	24.97
December		223,797	5,548,967	24.79
January	1989	225,261	5,575,351	24.75
February		198,819	5,024,717	25.27
March		223,053	5,675,208	25.44
April		210,389	5,358,377	25.47
May		231,864	5,961,533	25.71
June		225,455	5,843,118	25.92
July		213,420	5,599,814	26.24
August		227,373	6,029,595	26.52
September		217,800	5,799,741	26.63
October		231,959	6,249,809	26.94
November		228,239	6,209,070	27.20
December		226,672	6,068,634	26.77
January	1990	235,660	6,327,964	26.85
February		212,614	5,813,939	27.35
March		232,260	6,398,066	27.55
April		227,457	6,286,899	27.64
May		269,134	7,545,707	28.04
June		185,086	4,536,632	24.51
July		192,902	4,854,017	25.16
August		201,921	5,103,244	25.27
September		186,861	4,802,877	25.70
October		209,575	5,509,881	26.29
November		201,021	5,409,761	26.91
December		196,505	5,267,673	26.81
January	1991	201,641	5,430,549	26.93
February		179,191	4,817,187	26.88
March[2]		59,249	1,598,057	26.97

1. Does not include Chedabucto Pharmacy.

2. The average paid per prescription for the most recent month may vary by a few cents from the average that will result when a larger proportion of claims incurred that month have been paid.

Table 7
MSI Pharmacare
Payments to Pharmacies and Other Providers by Payment Range
1989–90 and 1990–91

	Less Than $25,000		$25,000 –49,999		$50,000 –74,999		$75,000 –99,999		$100,000 –124,999		$125,000 –149,999		$150,000 –199,999		$200,000 –249,999		$250,000 –299,999		$300,000 and Over		Total	
	90	91	90	91	90	91	90	91	90	91	90	91	90	91	90	91	90	91	90	91	90	91
Pharmacies	28	20	11	12	15	15	10	14	11	13	10	12	17	30	30	22	18	22	100	85	250	246
Other Providers	14	18	6	4	1	2	1	1	–	–	–	–	–	1	1	–	–	–	–	–	23	26
TOTAL	42	38	17	16	16	17	11	15	11	13	10	12	17	31	31	22	18	22	100	86	273	272

Payments to Pharmacies
by Payment Range

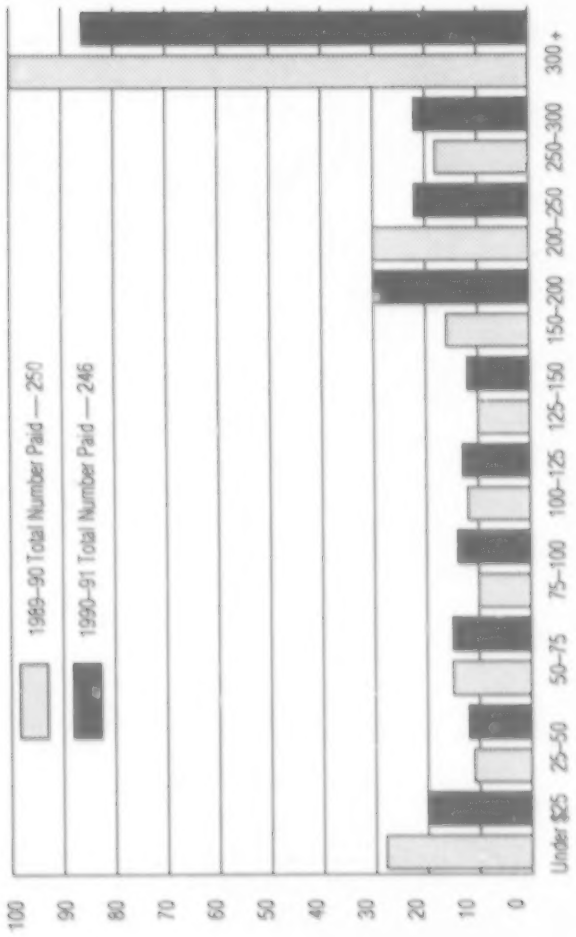


Figure 13

Table 8
Special Pharmacare Programs
Payment and Utilization Summary
April 1, 1990, to March 31, 1991

	1989–90	1990–91
Payment Summary		
Cystic Fibrosis		
Drugs	$692,915	$767,373
Equipment	$ 40,904	$ 25,841
TOTAL	$733,819	$793,214
Diabetes Insipidus	$ 64,894	$ 68,636
Cancer Society	$173,783	$194,956
Growth Hormones	$222,652	$219,451
Utilization Summary		
Cystic Fibrosis		
Insured Persons	153	155
Expenditure per Insured Person	$ 4,796	$ 5,118
Diabetes Insipidus		
Insured Persons	52	60
Expenditure per Insured Person	$ 1,248	$ 1,144
Growth Hormones		
Insured Persons	20	24
Expenditure per Insured Person	$ 11,13	$ 9,144